

Contract Costs

SAUGET AREA G, SAUGET, IL SITE ID = 05 4V

Site Costs from 1/1/1994 through 6/30/2003

INTERAGENCY AGREEMENT (IAG)

EPA Region 5 Records Ctr.



221471

Federal Agency: U.S. ARMY CORPS OF ENGINEERS

IAG Number: DW96947840

Project Officer(s):

Dates of Service: From: To:

Summary of Service:

Total Costs: \$279,400.00

Voucher Number	Voucher Date	Voucher Amount	Treasury Schedule Number and Date	Site Amount
28008421	12/01/1998	999.17	000A99048 02/19/1999	999.17 ✓
28009136	01/14/1999	382.00	000A99048 02/19/1999	382.00 ✓
28009728	01/14/1999	8,002.38	000A99048 02/19/1999	8,002.38 ✓
28011167	03/05/1999	5,589.78	000A99074 03/17/1999	5,589.78 ✓
28010450	03/22/1999	3,579.86	000A99089 04/01/1999	3,579.86 ✓
28011930	04/12/1999	6,354.96	000A99106 04/20/1999	6,354.96 ✓
28012754	05/10/1999	9,518.35	000A99137 05/19/1999	9,518.35 ✓
28013535	06/08/1999	12,190.86	000A99167 06/18/1999	12,190.86 ✓
28014307	07/06/1999	15,949.73	000A99200 07/21/1999	15,949.73 ✓
28015050	08/10/1999	8,395.54	000A99229 08/19/1999	8,395.54 ✓
28015866	09/13/1999	8,160.01	000A99263 09/22/1999	8,160.01 ✓
28016783	10/14/1999	8,162.15	000A99294 10/25/1999	8,162.15 ✓
28017806	11/09/1999	3,109.74	000A99320 11/18/1999	3,109.74 ✓
28018547	12/10/1999	34,305.29	000A99354 12/22/1999	34,305.29 ✓
28019266	01/19/2000	4,619.97	000A00025 01/27/2000	4,619.97 ✓
28020061	02/11/2000	15,828.37	000A00049 02/23/2000	15,828.37 ✓
28020850	03/08/2000	4,045.97	000A00074 03/16/2000	4,045.97 ✓
28021676	04/14/2000	1,412.83	000A00116 04/27/2000	1,412.83 ✓
28022589	05/10/2000	62,744.31	000A00137 05/18/2000	62,744.31 ✓
28023389	06/08/2000	4,560.39	000A00165 06/15/2000	4,560.39 ✓
28024246	07/10/2000	3,699.81	000A00214 08/03/2000	3,699.81 ✓
28025200	08/24/2000	1,602.76	000A00241 08/30/2000	1,602.76 ✓
28026042	09/15/2000	5,662.74	000A00265 09/25/2000	5,662.74 ✓
28027068	10/19/2000	119,422.17	000A00299 10/27/2000	50,523.03 ✓
			Total:	\$279,400.00

CIC #: 99EPA SUPERFUND
BILLED DATE 02-NOV-1998
CUSTOMER ORDER NUMBER DW96947840-0560
(DW96947840 - RAPID RESPONSE AT SAUGET AREA, IL IL980792006

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS

PAGE NO. 001

* ACCOUNTS OF *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *

D.O.VOUCHER NO. BU VOUCHER NO. BILL NO. PAID BY CHECK NO. COLLECTION VOU. NO.

28008421
PARTIAL # 1 10-AUG-1998 THRU 02-NOV-1998

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER

MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

BILLING ACCOUNTING CLASSIFICATION

68 20 X 8145.0000 [REDACTED] NA \$999.17 96 NA X [REDACTED] 96252 \$999.17

LINE ITEM MOA DESCRIPTION

000001 CONTRACT - OUTSIDE GOVERNMENT
000001 INHOUSE - LABOR
000001 INHOUSE - LABOR
000001 INHOUSE - LABOR

[REDACTED]

[REDACTED]

SUBTOTAL

PARTIAL AMOUNT PAID \$999.17

PAYMENT DUE DATE 02-DEC-1998 PAY THIS AMOUNT \$.00

FUNDS AUTHORIZED: \$279,400.00
TOTAL BILLED AMOUNT: \$999.17
PREVIOUS BILLED AMOUNT: \$.00
CURRENT BILLED AMOUNT: \$999.17
TOTAL FLUX BILLED: \$.00
PREVIOUS FLUX BILLED: \$.00
CURRENT FLUX BILLED: \$.00

DATE _____

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

TRANSACTION LISTING
OMAHA DISTRICT

CUSTOMER ORDER: DW96947840-0560

ACCOUNTING PERIOD: 10-1998

CONTRACT - OUTSIDE GOVERNMENT

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
21-OCT-1998	W59XQG82894147	900313G6	NA	[REDACTED]	1	TRANSPER		\$49.50
26-OCT-1998	W59XQG82894145	900314G6	NA	[REDACTED]	3	TRANSPER		\$18.55
SUBTOTAL COST:								\$68.05

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor \$	G&A \$	Indirect \$	Total
26-OCT-1998	L28473	22-OCT-1998	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$931.12
SUBTOTAL CO						\$583.78	\$143.02	\$204.32	\$931.12
TOTAL COST:									\$999.17

*** E N D O F R E P O R T - 19-DEC-2001 - 10:30 - SID G6CEFMP1 ***

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 27-DEC-2000
TIME: 14:36:44

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD17
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 10/07/2000

PAY PERIOD ENDING: 10/07/2000

CHARGE WORK HRS SH N EV
CODE ITEM TYP CD D HZ 09/24 09/25 09/26 09/27 09/28 09/29 09/30 10/01 10/02 10/03 10/04 10/05 10/06 10/07 Total

B08564 [REDACTED] 3.00 1.00 3.00 3.00 3.00 13.00
L65674 [REDACTED] 1.00 1.00 1.00 3.00
L65678 [REDACTED] 2.00 2.00 2.00 2.00 2.00 10.00
L65679 [REDACTED] 2.00 1.00 1.00 1.00 5.00
L66586 [REDACTED] 2.00 2.00 1.00 2.00 2.00 9.00

*The above hours were ELECTRONICALLY SIGNED ON: 26-SEP-2000

BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals: 8.00 8.00 8.00 8.00 8.00 40.00

TOTAL HOURS REG= 40.00 HOL= OVT= ALV= OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[REDACTED]
002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

certlabr.2.1.20 650
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 2
Date: 27-DEC-2000
TIME: 14:36:44

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 09/24/2000 LABOR-COST TO : 10/07/2000
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED	
	SP-RATE		SP-RATE						

GOUGER T							40.00	Y	

*** END OF REPORT - 27-DEC-2000 - 14:36 - SID G6CEPMP1 ***

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD17
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 09/23/2000

PAY PERIOD ENDING: 09/23/2000

CHARGE WORK HRS SH N EV
CODE ITEM TYP CD D HZ 09/10 09/11 09/12 09/13 09/14 09/15 09/16 09/17 09/18 09/19 09/20 09/21 09/22 09/23 Total

B08564 [REDACTED] 1.00 1.00
L65678 [REDACTED] 2.00 2.00
L65679 [REDACTED] 4.00 4.00
L66586 [REDACTED] 1.00 1.00

*The above hours were ELECTRONICALLY SIGNED ON: 12-SEP-2000

BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

DISPUT [REDACTED] 6.00 8.00 2.00 16.00
L65678 [REDACTED] 8.00 4.00 12.00
L65679 [REDACTED] 2.00 2.00
L66586 [REDACTED] 2.00 2.00

*The above hours were ELECTRONICALLY SIGNED ON: 15-SEP-2000

BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

B08564 [REDACTED] 1.00 1.00
L65674 [REDACTED] 1.00 1.00 2.00
L65678 [REDACTED] 2.00 2.00 4.00
L65679 [REDACTED] 2.00 2.00 4.00
L65686 [REDACTED] 3.00 3.00
L66586 [REDACTED] 2.00 2.00

*The above hours were ELECTRONICALLY SIGNED ON: 19-SEP-2000

BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

B08557 [REDACTED] 1.00 1.00
B08557 [REDACTED] 2.00 2.00 2.00 6.00
L65678 [REDACTED] 2.00 2.00 2.00 6.00
L65679 [REDACTED] 2.00 2.00 2.00 6.00
L66586 [REDACTED] 2.00 2.00 2.00 6.00

*The above hours were ELECTRONICALLY SIGNED ON: 22-SEP-2000

BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals: 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 1.00 81.00

TOTAL HOURS REG= 80.00 HOL= OVT= 1.00 ALV= OLV= NON=

SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

Page: 2
Date: 27-DEC-2000
TIME: 14:36:25

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 09/10/2000

LABOR-COST TO : 09/23/2000

EMPLOYEE COUNT = 1

```
*****
EMPLOYEE      REGULAR  HOLLIDAY  OVERTIME  ANNUAL LV  OTHER LV  NON-PD L      TOTAL      CERTIFIED
SP-RATE              SP-RATE
*****
GOUGER T      [REDACTED]                                     81.00      Y
*****
```

```
*****
*** END OF REPORT - 27-DEC-2000 - 14:36 - SID G6CEPMP1 ***
*****
```

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 09/23/2000

PAY PERIOD ENDING: 09/23/2000

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	09/10	09/11	09/12	09/13	09/14	09/15	09/16	09/17	09/18	09/19	09/20	09/21	09/22	09/23	Total
B08564								1.00												1.00
L65678								2.00												2.00
L65679								4.00												4.00
L66586								1.00												1.00

*The above hours were ELECTRONICALLY SIGNED ON: 12-SEP-2000

BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

DISPUT						6.00	8.00			2.00										16.00
L65678									8.00	4.00										12.00
L65679										2.00										2.00
L66586								2.00												2.00

*The above hours were ELECTRONICALLY SIGNED ON: 15-SEP-2000

BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

B08564															1.00					1.00
L65674													1.00	1.00						2.00
L65678													2.00	2.00						4.00
L65679													2.00	2.00						4.00
L65686													3.00							3.00
L66586														2.00						2.00

*The above hours were ELECTRONICALLY SIGNED ON: 19-SEP-2000

BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

B08557																		1.00	1.00	
B08557														2.00	2.00	2.00				6.00
L65678														2.00	2.00	2.00				6.00
L65679														2.00	2.00	2.00				6.00
L66586														2.00	2.00	2.00				6.00

*The above hours were ELECTRONICALLY SIGNED ON: 22-SEP-2000

BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals: 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 1.00 81.00

TOTAL HOURS	REG=	80.00	HOL=		OVT=	1.00	ALV=		OLV=		NON=	
SP-RATE-HRS=												

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 09/10/2000 LABOR-COST TO : 09/23/2000
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED	
	SP-RATE		SP-RATE						

GOUGER T							81.00	Y	

*** END OF REPORT - 27-DEC-2000 - 14:36 - SID G6CEFMP1 ***

Action Edit Block Field Record Query ESIQ Help

Employee Id: [REDACTED]

GOUGER

TIMOTHY P

Pay Period End Date: 23-SEP-2000

Work Date: 15-SEP-2000

Invalid Charge Code: [REDACTED] Approp: [REDACTED]

Work Item: RF6122

New Charge Code: [REDACTED] Approp: [REDACTED]

Work Item: 002DCM

Type Of Hours: [REDACTED]

Shift Code: 0

Number Of Hours: [REDACTED]

Approved By: KIMBERLY A BURGE

On: 18-SEP-2000

Justification

CLEAR DISPUTE ACCOUNT - PR&C INCREASED

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Record: 1/?

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 27-DEC-2000
TIME: 14:35:46

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD17
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 09/23/2000

PAY PERIOD ENDING: 09/23/2000

CHARGE WORK HRS SH N EV
CODE ITEM TYP CD D HZ 09/10 09/11 09/12 09/13 09/14 09/15 09/16 09/17 09/18 09/19 09/20 09/21 09/22 09/23 Total

B08564 [REDACTED] 1.00 1.00
L65678 [REDACTED] 2.00 2.00
L65679 [REDACTED] 4.00 4.00
L66586 [REDACTED] 1.00 1.00

*The above hours were ELECTRONICALLY SIGNED ON: 12-SEP-2000

BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

DISPUT [REDACTED] 6.00 8.00 2.00 16.00
L65678 [REDACTED] 8.00 4.00 12.00
L65679 [REDACTED] 2.00 2.00
L66586 [REDACTED] 2.00 2.00

*The above hours were ELECTRONICALLY SIGNED ON: 15-SEP-2000

BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

B08564 [REDACTED] 1.00 1.00
L65674 [REDACTED] 1.00 1.00 2.00
L65678 [REDACTED] 2.00 2.00 4.00
L65679 [REDACTED] 2.00 2.00 4.00
L65686 [REDACTED] 3.00 3.00
L66586 [REDACTED] 2.00 2.00

*The above hours were ELECTRONICALLY SIGNED ON: 19-SEP-2000

BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

B08557 [REDACTED] 1.00 1.00
B08557 [REDACTED] 2.00 2.00 2.00 6.00
L65678 [REDACTED] 2.00 2.00 2.00 6.00
L65679 [REDACTED] 2.00 2.00 2.00 6.00
L66586 [REDACTED] 2.00 2.00 2.00 6.00

*The above hours were ELECTRONICALLY SIGNED ON: 22-SEP-2000

BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals: 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 1.00 81.00

TOTAL HOURS REG= 80.00 HOL= OVT= 1.00 ALV= OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[REDACTED]
002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE
[REDACTED]

certlabr.2.1.20 647
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 2
Date: 27-DEC-2000
TIME: 14:35:46

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 09/10/2000

LABOR-COST TO : 09/23/2000

EMPLOYEE COUNT = 1

EMPLOYEE REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L TOTAL CERTIFIED
 SP-RATE SP-RATE

GOUGER T [REDACTED] 81.00 Y

*** END OF REPORT - 27-DEC-2000 - 14:35 - SID G6CEFMP1 ***

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 09/23/2000

PAY PERIOD ENDING: 09/23/2000

CHARGE	WORK	HRS	SH	N	EV	09/10	09/11	09/12	09/13	09/14	09/15	09/16	09/17	09/18	09/19	09/20	09/21	09/22	09/23	Total
B08564								1.00												1.00
L65678								2.00												2.00
L65679								4.00												4.00
L66586								1.00												1.00

*The above hours were ELECTRONICALLY SIGNED ON: 12-SEP-2000

BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

DISPUT		6.00	8.00		2.00															16.00
L65678					8.00	4.00														12.00
L65679						2.00														2.00
L66586																				2.00

*The above hours were ELECTRONICALLY SIGNED ON: 15-SEP-2000

BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

B08564																1.00				1.00
L65674														1.00	1.00					2.00
L65678														2.00	2.00					4.00
L65679														2.00	2.00					4.00
L65686														3.00						3.00
L66586															2.00					2.00

*The above hours were ELECTRONICALLY SIGNED ON: 19-SEP-2000

BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

B08557																		1.00		1.00
B08557																2.00	2.00	2.00		6.00
L65678																2.00	2.00	2.00		6.00
L65679																2.00	2.00	2.00		6.00
L66586																2.00	2.00	2.00		6.00

*The above hours were ELECTRONICALLY SIGNED ON: 22-SEP-2000

BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:		8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00	8.00	1.00	81.00
------------------	--	------	------	------	------	------	--	--	------	------	------	------	------	------	------	-------

TOTAL HOURS REG= 80.00 HOL= OVT= 1.00 ALV= OLV= NON=

SP-RATE-HRS=

FOR THESE WORK ITEMS:

[REDACTED]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[REDACTED]

certlabr.2.1.20 646
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 2
Date: 27-DEC-2000
TIME: 14:35:26

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 09/10/2000 LABOR-COST TO : 09/23/2000
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL	LV	OTHER	LV	NON-PD	L
	SP-RATE		SP-RATE					TOTAL	CERTIFIED

GOUGER T								81.00	Y

*** END OF REPORT - 27-DEC-2000 - 14:35 - SID G6CEFMP1 ***

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE
TIMEKEEPER: 1J. SUPERVISOR: CD17
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 09/23/2000

PAY PERIOD ENDING: 09/23/2000

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	09/10	09/11	09/12	09/13	09/14	09/15	09/16	09/17	09/18	09/19	09/20	09/21	09/22	09/23	Total
B08564								1.00												1.00
L65678								2.00												2.00
L65679								4.00												4.00
L66586								1.00												1.00

*The above hours were ELECTRONICALLY SIGNED ON: 12-SEP-2000

BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

DISPUT						6.00	8.00			2.00										16.00
L65678									8.00	4.00										12.00
L65679										2.00										2.00
L66586								2.00												2.00

*The above hours were ELECTRONICALLY SIGNED ON: 15-SEP-2000

BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

B08564																1.00				1.00
L65674												1.00	1.00							2.00
L65678											2.00	2.00								4.00
L65679											2.00	2.00								4.00
L65686											3.00									3.00
L66586													2.00							2.00

*The above hours were ELECTRONICALLY SIGNED ON: 19-SEP-2000

BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

B08557																		1.00		1.00
B08557													2.00	2.00	2.00					6.00
L65678													2.00	2.00	2.00					6.00
L65679													2.00	2.00	2.00					6.00
L66586													2.00	2.00	2.00					6.00

*The above hours were ELECTRONICALLY SIGNED ON: 22-SEP-2000

BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals: 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 1.00 81.00

TOTAL HOURS REG= 80.00 HOL= OVT= 1.00 ALV= OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 09/10/2000 LABOR-COST TO : 09/23/2000
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED	
	SP-RATE		SP-RATE						

GOUGER T							81.00	Y	

*** END OF REPORT - 27-DEC-2000 - 14:23 - SID G6CEFMPI ***

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 09/09/2000

PAY PERIOD ENDING: 09/09/2000

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	08/27	08/28	08/29	08/30	08/31	09/01	09/02	09/03	09/04	09/05	09/06	09/07	09/08	09/09	Total
B08557							8.00	8.00	8.00											24.00
B08564											4.00									4.00
B08564									2.00	4.00				3.00			1.00			10.00
L65674									1.00	1.00										2.00
L65678						2.50														2.50
L65678									1.00	2.00				2.00	8.00	7.00	2.00			22.00
L65679						3.00														3.00
L65679									4.00	1.00				3.00				1.00		9.00
L66586																		1.00		1.00
LEAVE														8.00						8.00
LEAVE																		4.00		4.00

*The above hours were ELECTRONICALLY SIGNED ON: 11-SEP-2000

BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals: 5.50 8.00 8.00 8.00 8.00 8.00 4.00 8.00 8.00 8.00 8.00 8.00 89.50

TOTAL HOURS REG= 68.00 HOL= OVT= 9.50 ALV= OLV= NON= 12.00

SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

Page: 2
Date: 27-DEC-2000
TIME: 14:23:13

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 08/27/2000

LABOR-COST TO : 09/09/2000

EMPLOYEE COUNT = 1

```
*****
EMPLOYEE      REGULAR  HOLLIDAY  OVERTIME  ANNUAL LV  OTHER LV  NON-PD L      TOTAL      CERTIFIED
                SP-RATE      SP-RATE
*****
GOUGER T      [REDACTED]                                     89.50      Y
*****
```

```
*****
***  E N D   O F   R E P O R T   -   27-DEC-2000   - 14:23   -  SID G6CEFPMP1  ***
*****
```

Action Edit Block Field Record Query ESIG Help

Ordering PR&C No: 75910002684457

Ordering Wt: 002DCM

Approp Type: C

Accounting Class: 015558

PR&C Line Item No: 1 SAUCET RAPID USER FEE (98-D-0004 D06)

Resource Code: RAPIDUSER RAPID RESPONSE USER FEE

Operating Work Item: 162KGC RAPID RESPONSE ACQUISITIONS

Requesting Org: G6H4H00

Bill Number: 30177340

Bill Date: 20-SEP-2000

Bill Amount: 166.39

Begin Date:

End Date:

Qty Ordered: .0000

Qty Previously Issued:

Qty Due Out:

Unit Of Measure: LS LUMP SUM

Standard Rate:

Remarks:

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Record: 1/?

SHOP/FACILITY IN-HOUSE PURCHASE REQUEST AND COMMITMENT For use of this form, see AR 37-1: the proponent agency is Hq Dept. ARMY				PURCHASE INSTRUMENT NO.		REQUISITION NO. W59XQG02634657		DATE 19Sep2000		PAGE 0001	
TO: PROGRAMS MANAGEMENT BRANCH				THRU:				FROM: HAZARD, TOXIC & RADIO WASTE BR			
It is requested that the supplies and services enumerated below or on attached list be:											
PURCHASED FOR HAZARD, TOXIC & RADIO WASTE BR						DELIVERED TO SEE LINE ITEM BELOW				NOT LATER THAN (DATE) SEE LINE ITEM BELOW	
The supplies and services listed below cannot be secured through normal channels or other Army supply sources in the immediate vicinity, and their procurement will not violate existing regulations pertaining to local purchases for stock, therefore, local procurement is necessary for the following reason: (Check appropriate box and complete item)						NAME OF PERSON TO CALL FOR ADDITIONAL INFORMATION JOHN KIRSCHBAUM				TELEPHONE NUMBER 402-221-7714	
LOCAL PURCHASES AUTHORIZED AS THE NORMAL MEANS OF SUPPLY FOR THE FOREGOING BY				REQUISITIONING DISCLOSES NONAVAILABILITY OF ITEMS AND LOCAL PURCHASE IS AUTHORIZED BY				Fund Certification The supplies and services listed on this request are properly chargeable to the following allotments, the available balances of which are sufficient to cover the cost thereof, and funds have been committed.			
EMERGENCY SITUATION PRECLUDES USE OF REQUISITION CHANNELS FOR SECURING ITEM						ACCOUNTING CLASSIFICATION AND AMOUNT					
ITEM	DESCRIPTION OF SUPPLY OR SERVICES	QUANTITY	UNIT	ESTIMATED							
				UNIT PRICE	TOTAL COST						
0001	SAUGET RAPID USER FEE	0	LS	\$.00	\$166.39	SEE LINE ITEM BELOW \$17,563.20					
DEL DATE	19Sep2000	08	2417	015558							
SHIP TO	VELMA SANDERS				402.221.4290	TYPED NAME AND TITLE OF CERTIFYING OFFICER MAX MCCRIGHT STAFF ACCOUNTANT					
DEL TO	BEAVER WOOD PRODUCTS RAPID USERFEE	0	LS	\$.00	\$11,537.68						
0002						SIGNATURE /S/MAX C MCCRIGHT DATE 20Sep2000					
DEL DATE	19Sep2000	08	2417	018059							
SHIP TO	VELMA SANDERS				402.221.4290	DISCOUNT TERMS					
DEL TO	TURTLE MTN RAPID USER FEE	0	LS	\$.00	\$75.00						
0003						PURCHASE ORDER NUMBER					
DEL DATE	19Sep2000	08	2417	018058							
SHIP TO	VELMA SANDERS				402.221.4290	DELIVERY REQUIREMENTS					
DEL TO											
THE FOREGOING ITEMS ARE REQUIRED NOT LATER THAN AS INDICATED ABOVE FOR THE FOLLOWING PURPOSE 000 RAPID RESPONSE USER FEES (VELMA'S)						ARE MORE THAN 7 DAYS REQUIRED TO INSPECT AND ACCEPT THE REQUESTED GOODS OR SERVICES YES ___ NO ___ IF YES, NUMBER OF DAYS REQUIRED					
TYPED NAME AND GRADE OF INITIATING OFFICER BARBARA HASKINS		SIGNATURE /S/BARBARA HASKINS			DATE 19Sep2000	TYPED NAME AND GRADE OF APPROVING OFFICER OR DESIGNEE BARBARA HASKINS PROGRAM ANALYST		SIGNATURE /S/BARBARA HASKINS		DATE 20Sep2000	
TELEPHONE NO. 402-221-7823											
TYPED NAME AND GRADE OF SUPPLY OFFICER		SIGNATURE			DATE						

SHOP/FACILITY IN-HOUSE PURCHASE REQUEST AND COMMITMENT For use of this form, see AR 37-1: the proponent agency is Hq Dept. ARMY				PURCHASE INSTRUMENT NO.		REQUISITION NO. W59XQG02634657		DATE 19Sep2000		PAGE 0002	
TO: PROGRAMS MANAGEMENT BRANCH				THRU:				FROM: HAZARD, TOXIC & RADIO WASTE BR			
It is requested that the supplies and services enumerated below or on attached list be:											
PURCHASED FOR HAZARD, TOXIC & RADIO WASTE BR						DELIVERED TO SEE LINE ITEM BELOW				NOT LATER THAN (DATE) SEE LINE ITEM BELOW	
The supplies and services listed below cannot be secured through normal channels or other Army supply sources in the immediate vicinity, and their procurement will not violate existing regulations pertaining to local purchases for stock, therefore, local procurement is necessary for the following reason: (Check appropriate box and complete item)						NAME OF PERSON TO CALL FOR ADDITIONAL INFORMATION JOHN KIRSCHBAUM				TELEPHONE NUMBER 402-221-7714	
<input type="checkbox"/> LOCAL PURCHASES AUTHORIZED AS THE NORMAL MEANS OF SUPPLY FOR THE FOREGOING BY				<input type="checkbox"/> REQUISITIONING DISCLOSES NONAVAILABILITY OF ITEMS AND LOCAL PURCHASE IS AUTHORIZED BY				Fund Certification The supplies and services listed on this request are properly chargeable to the following allotments, the available balances of which are sufficient to cover the cost thereof, and funds have been committed.			
EMERGENCY SITUATION PRECLUDES USE OF REQUISITION CHANNELS FOR SECURING ITEM						ACCOUNTING CLASSIFICATION AND AMOUNT					
ITEM	DESCRIPTION OF SUPPLY OR SERVICES	QUANTITY	UNIT	ESTIMATED							
				UNIT PRICE	TOTAL COST						
0004	TOSCO REFINERY RAPID USER FEE	0	LS		\$.00	\$93.75	SEE LINE ITEM BELOW \$17,563.20				
DEL DATE	19Sep2000	08	2417		016323						
SHIP TO							TYPED NAME AND TITLE OF CERTIFYING OFFICER MAX MCCRIGHT STAFF ACCOUNTANT				
DEL TO	VELMA SANDERS	0	LS		\$.00	402.221.4290					
0005	VAR RESP ASSESSMENTS RAPID USERFEE	0	LS		\$.00	\$531.00	SIGNATURE /S/MAX C MCCRIGHT DATE 20Sep2000				
DEL DATE	19Sep2000	08	2417		099996						
SHIP TO							DISCOUNT TERMS				
DEL TO	VELMA SANDERS	0	LS		\$.00	402.221.4290					
0006	STATE MARINE RAPID USER	0	LS		\$.00	\$325.94	PURCHASE ORDER NUMBER				
DEL DATE	20Sep2000	08	2417		016617						
SHIP TO							DELIVERY REQUIREMENTS				
DEL TO	VELMA SANDERS					402.221.4290					
THE FOREGOING ITEMS ARE REQUIRED NOT LATER THAN AS INDICATED ABOVE FOR THE FOLLOWING PURPOSE						ARE MORE THAN 7 DAYS REQUIRED TO INSPECT AND ACCEPT THE REQUESTED GOODS OR SERVICES YES _____ NO _____ IF YES, NUMBER OF DAYS REQUIRED					
TYPED NAME AND GRADE OF INITIATING OFFICER BARBARA HASKINS				SIGNATURE /S/BARBARA HASKINS		DATE 19Sep2000		TYPED NAME AND GRADE OF APPROVING OFFICER OR DESIGNEE BARBARA HASKINS PROGRAM ANALYST			
TELEPHONE NO. 402-221-7823											
TYPED NAME AND GRADE OF SUPPLY OFFICER				SIGNATURE		DATE		SIGNATURE /S/BARBARA HASKINS DATE 20Sep2000			

SHOP/FACILITY IN-HOUSE PURCHASE REQUEST AND COMMITMENT For use of this form, see AR 37-1: the proponent agency is Hq Dept. ARMY				PURCHASE INSTRUMENT NO.		REQUISITION NO. W59XQG02634657		DATE 19Sep2000		PAGE 0003																																						
TO: PROGRAMS MANAGEMENT BRANCH				THRU:				FROM: HAZARD, TOXIC & RADIO WASTE BR																																								
It is requested that the supplies and services enumerated below or on attached list be:																																																
PURCHASED FOR HAZARD, TOXIC & RADIO WASTE BR						DELIVERED TO SEE LINE ITEM BELOW				NOT LATER THAN (DATE) SEE LINE ITEM BELOW																																						
The supplies and services listed below cannot be secured through normal channels or other Army supply sources in the immediate vicinity, and their procurement will not violate existing regulations pertaining to local purchases for stock, therefore, local procurement is necessary for the following reason: (Check appropriate box and complete item)						NAME OF PERSON TO CALL FOR ADDITIONAL INFORMATION JOHN KIRSCHBAUM				TELEPHONE NUMBER 402-221-7714																																						
LOCAL PURCHASES AUTHORIZED AS THE NORMAL MEANS OF SUPPLY FOR THE FOREGOING BY				REQUISITIONING DISCLOSES NONAVAILABILITY OF ITEMS AND LOCAL PURCHASE IS AUTHORIZED BY				Fund Certification The supplies and services listed on this request are properly chargeable to the following allotments, the available balances of which are sufficient to cover the cost thereof, and funds have been committed.																																								
EMERGENCY SITUATION PRECLUDES USE OF REQUISITION CHANNELS FOR SECURING ITEM																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">ITEM</th> <th rowspan="2">DESCRIPTION OF SUPPLY OR SERVICES</th> <th rowspan="2">QUANTITY</th> <th rowspan="2">UNIT</th> <th colspan="2">ESTIMATED</th> <th rowspan="2"></th> </tr> <tr> <th>UNIT PRICE</th> <th>TOTAL COST</th> </tr> </thead> <tbody> <tr> <td>0007</td> <td>PALMER BARGE LINE RAPID USER</td> <td>0</td> <td>LS</td> <td>\$.00</td> <td>\$4,833.44</td> <td></td> </tr> <tr> <td>DEL DATE</td> <td>20Sep2000</td> <td>08</td> <td>2417</td> <td>016618</td> <td></td> <td></td> </tr> <tr> <td>SHIP TO</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>DEL TO</td> <td>VELMA SANDERS</td> <td></td> <td></td> <td></td> <td>402.221.4290</td> <td></td> </tr> </tbody> </table>												ITEM	DESCRIPTION OF SUPPLY OR SERVICES	QUANTITY	UNIT	ESTIMATED			UNIT PRICE	TOTAL COST	0007	PALMER BARGE LINE RAPID USER	0	LS	\$.00	\$4,833.44		DEL DATE	20Sep2000	08	2417	016618			SHIP TO							DEL TO	VELMA SANDERS				402.221.4290	
ITEM	DESCRIPTION OF SUPPLY OR SERVICES	QUANTITY	UNIT	ESTIMATED																																												
				UNIT PRICE	TOTAL COST																																											
0007	PALMER BARGE LINE RAPID USER	0	LS	\$.00	\$4,833.44																																											
DEL DATE	20Sep2000	08	2417	016618																																												
SHIP TO																																																
DEL TO	VELMA SANDERS				402.221.4290																																											
						ACCOUNTING CLASSIFICATION AND AMOUNT SEE LINE ITEM BELOW \$17,563.20																																										
						TYPED NAME AND TITLE OF CERTIFYING OFFICER MAX MCCRIGHT STAFF ACCOUNTANT		SIGNATURE /S/MAX C MCCRIGHT		DATE 20Sep2000																																						
						DISCOUNT TERMS																																										
						PURCHASE ORDER NUMBER																																										
						DELIVERY REQUIREMENTS																																										
THE FOREGOING ITEMS ARE REQUIRED NOT LATER THAN AS INDICATED ABOVE FOR THE FOLLOWING PURPOSE						ARE MORE THAN 7 DAYS REQUIRED TO INSPECT AND ACCEPT THE REQUESTED GOODS OR SERVICES YES ____ NO ____ IF YES, NUMBER OF DAYS REQUIRED																																										
TYPED NAME AND GRADE OF INITIATING OFFICER BARBARA HASKINS				SIGNATURE /S/BARBARA HASKINS				DATE 19Sep2000		TYPED NAME AND GRADE OF APPROVING OFFICER OR DESIGNEE BARBARA HASKINS PROGRAM ANALYST																																						
TELEPHONE NO. 402-221-7823										SIGNATURE /S/BARBARA HASKINS																																						
TYPED NAME AND GRADE OF SUPPLY OFFICER				SIGNATURE				DATE		DATE 20Sep2000																																						

Action Edit Block Field Record Query ESIQ Help

Oblt No:	TAC245-98-D-0004		Fund Type:	F	Fast Pay:	N	Reversal:	<input type="checkbox"/>
Deliv Order No:	0006	Approp Status:	C	Rcwr:	S. SCHMIDT			
Line Item No:	0001	Approp Type:	C	Debtor Bill No:				
Rec Rpt No:	14	EAID:		MOA:	C2	Acct Phase:	E5A	
Invoice No:	14	Accrual:		EOR:	3200	Trans Date:	21-SEP-2000	
FAR Order No:	DW96947840-0560	Cost Type:	WIP	Effect Date:	21-SEP-2000			
Fund Work Item:	002DCL	Resource Code:	CONSTSVCS		TBO Ind:			
Resource Plan:	1	Work Cat:	331R0		Trans Type:	APR		
Mgmt Struct:	015558	Work Cat Elem:	99998		Payee Class:	?		
Appropriation:			2417	96252	Period:	200009		
Transaction Id:	2873079	GL Corr Id:	AP414		GL Not Posted?:	<input type="checkbox"/>		
Prop Cat Code:		Source:	FORM93		TBO Rpt:			

GL Acct	Dr/Cr	Account Name	Debit Amt	Credit Amt
1311.25	D		103225.78	
4252.00	D		103225.78	
4821.00	D		103225.78	
6500.32	D		103225.78	
2113.00	C			103225.78

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Record: 7/7

Action Edit Block Field Record Query ESIG Help

Obligation No: DACA45-98-D-0004

Delivery Order No: 0006

Inv No: 14

Description: SAUGET SITE ONE SF, ST. LOUIS, IL

Period: 200012

Inv Reference No: 01APR00-28JUL00 #13

Discount Days:

Percent:

Inv Date: 21-SEP-2000

TFO Indicator: ☐

Inv Recv'd Date: 21-SEP-2000

Pmt Address ID: 000015101

F&A Received Date: 21-SEP-2000

Final Payment: ☐

Pmt Office ID: 1

Release of Claims: ☐

Notice To Proceed: Y

Line Item: 0001

Refund? ☐

*** This INV ***

*** All INV's ***

SERVICES: COST-PLUS-FIXED-FEE SAUGET SITE

Qty:

0

Qty Ordered: 0

Unit Price:

Amt Ordered: 302158.28

Gross Amt:

103225.78

266932.86

Pay Estimate No: 14

Retainage Pct:

.00

Total Estimates: 16

Retainage Amt:

.00

.00

Other Deductions:

.00

.00

Program Mgr Signor

Retainage Refund:

.00

A7330C8EC75A645039C

Other Deduct Refund:

.00

C.O.R. Signor

Liq. Damages:

.00

873DC6213FFAB1B339C

Line Item Amt:

103225.78

266932.86

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Record: 14/?

Action Edit Block Field Record Query ESIG Help

Obligation No: DACA45-98-D-0004 Delivery Order: 0006 Obligation LI: 0001 Freight: ☐
 Amend No: R00002 Amend Date: 31-MAR-2000 Fast Pay: ☒
 Work Item: 002X25 Fund Account: G625294 Progress Pay: ☒
 Fund Citation: 96NAX3122 AMSCO: 015558 Resource: CONSTSVCS
 Description: SAUGET SITE ONE SF,ST.LOUIS,I MOA: C2 Allot: 2417 EOR: 3200

<PGDN> To Execute RV or Debt Bill Query

RV No	Reference No	Cert Date	Disb Amount	DOV No	Check No	Pmt Meth
11	27NOV99-25FEB00 #11	03-MAY-2000	55222.88	168506	801087	EFT
12	26FEB00-31MAR00 #12	25-SEP-2000	12762.51	183229	1139333	EFT
13	01APR00-28JUL00 #13	25-SEP-2000	103225.78	183230	1139338	EFT
14	29JUL00-29SEP00 #14	14-NOV-2000	9541.93	187355	1264951	EFT
15	30SEP00-27OCT00 #15	11-DEC-2000	5516.31	189136	1321429	EFT
16	28OCT00-29DEC00 #16	05-MAR-2001	9786.81	195583	1496591	EFT
17	30DEC00-26JAN01 #17	05-MAR-2001	9468.52	195584	1496603	EFT
18	27JAN01-23FEB01 #18	04-APR-2001	3995.33	198317	1575822	EFT
19	24FEB01-30MAR01 #19	18-MAY-2001	18911.78	203157	1697278	EFT
20	31MAR01-25MAY01 #20	16-JUL-2001	2424.48	208957	1855452	EFT

☐ RR ☐ Invoice ☐ Progress Pmts ☐ RV ☐ AP Transaction ☐ Check Register

Action Edit Block Field Record Query ESIG Help

Assigned Check No: 1139333

Check No Trace: 1800080846

Replacement No:

Pmt Method: EFT

DSSN: 8736

Ea?: ☐

Type: CONTRACT

FOA Code: G6

Check Date: 25-SEP-2000

Reference No: DACA45-98-D-0004

Amount: 103225.78

Currency: US

Status: PRINTED

FC Amount: .000000

Payee: ROY F WESTON INC

PO BOX 8500 (S 6175)

PHILADELPHIA, PA 19178-6175

Certified By: AUTRY, SHIRLEY LE

Date Signed: 25-SEP-2000

Initial Signature: 47E0F3D043052EA439C

Disbursing Officer's Signature: 39CFD5D5

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Press F2 to enter a query.

Record: 1/1

Action Edit Block Field Record Query ESIG Help

Obli No:	<input type="text" value="TACA45-98-D-0004"/>	Fund Type:	<input type="text" value="F"/>	Fast Pay:	<input type="text" value="N"/>	Reversal:	<input type="text"/>
Deliv Order No:	<input type="text" value="0006"/>	Approp Status:	<input type="text" value="C"/>	Rcvr:	<input type="text" value="S. SCHMIDT"/>		
Line Item No:	<input type="text" value="0001"/>	Approp Type:	<input type="text" value="C"/>	Debtor Bill No:	<input type="text"/>		
Rec Rpt No:	<input type="text" value="13"/>	EAID:	<input type="text"/>	MOA:	<input type="text" value="C2"/>		
Invoice No:	<input type="text" value="13"/>	Accrual:	<input type="text"/>	EOR:	<input type="text" value="3200"/>		
FAR Order No:	<input type="text" value="DW96947840-0560"/>	Cost Type:	<input type="text" value="WIP"/>	Acct Phase:	<input type="text" value="B5A"/>		
Fund Work Item:	<input type="text" value="002DCL"/>	Resource Code:	<input type="text" value="CONSTSVCS"/>	Trans Date:	<input type="text" value="21-SEP-2000"/>		
Resource Plan:	<input type="text" value="1"/>	Work Cat:	<input type="text" value="331R0"/>	Effect Date:	<input type="text" value="21-SEP-2000"/>		
Mgmt Struct:	<input type="text" value="015558"/>	Work Cat Elem:	<input type="text" value="99998"/>	TBO Ind:	<input type="text"/>		
Appropriation:	<input type="text" value="2417 96252"/>			Trans Type:	<input type="text" value="APR"/>		
Transaction Id:	<input type="text" value="2873074"/>	GL Corr Id:	<input type="text" value="AP414"/>	Payee Class:	<input "="" type="text" value="?"/>		
Prop Cat Code:	<input type="text"/>	Source:	<input type="text" value="FORM93"/>	Period:	<input type="text" value="200009"/>		
				GL Not Posted?:	<input type="text"/>		
				TBO Rpt:	<input type="text"/>		

GL Acct	Dr/Cr	Account Name	Debit Amt	Credit Amt
1311.25	D	<input type="text" value="REVENUE FROM SALES OF GOODS AND SERVICES"/>	12762.51	
4252.00	D	<input type="text" value="REVENUE FROM SALES OF GOODS AND SERVICES"/>	12762.51	
4821.00	D	<input type="text" value="REVENUE FROM SALES OF GOODS AND SERVICES"/>	12762.51	
6500.32	D	<input type="text" value="REVENUE FROM SALES OF GOODS AND SERVICES"/>	12762.51	
2113.00	C	<input type="text" value="EXPENSES FOR SALES OF GOODS AND SERVICES"/>		12762.51

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Record: 6/?

Action Edit Block Field Record Query ESIG Help

Obligation No: DACA45-98-D-0004

Delivery Order No: 0006

Inv No: 13

Description: SAUGET SITE ONE SF, ST. LOUIS, IL

Period: 200012

Inv Reference No: 25FEE00-31MPE00 #13

Discount Days:

Percent:

Inv Date: 21-SEP-2000

TFO Indicator: ☐

Inv Recv'd Date: 21-SEP-2000

Pmt Address ID: 000015101

F&A Received Date: 21-SEP-2000

Final Payment:

Pmt Office ID: 1

Release of Claims: ☐

Notice To Proceed: Y

Line Item: 0001

Refund? ☐

*** This INV ***

*** All INV's ***

SERVICES: COST-PLUS-FIXED-FEE SAUGET SITE

Qty:

0

Qty Ordered: 0

Unit Price:

Amt Ordered: 302158.28

Gross Amt:

12762.51

266932.86

Pay Estimate No: 13

Retainage Pct: .00

Total Estimates: 16

Retainage Amt:

.00

.00

Other Deductions:

.00

.00

Program Mgr Signor

Retainage Refund:

.00

321E6DF682803283390

Other Deduct Refund:

.00

C.O.R. Signor

Liq. Damages:

.00

C9B4084AF7F842C5390

Line Item Amt:

12762.51

266932.86

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Record: 13/?

Action Edit Block Field Record Query ESIG Help

Obligation No: DACA45-98-D-0004

Delivery Order: 0006

Obligation LI: 0001

Freight: ☐

Amend No: R00002

Amend Date: 31-MAR-2000

Fast Pay: N

Work Item: 002X25

Fund Account: G625294

Progress Pay: Y

Fund Citation: 96NAX3122

AMSCO: 015558

Resource: CONSTSVCS

Description: SAUGET SITE ONE SF, ST. LOUIS, I

MOA: C2

Allot: 2417

EOR: 3200

<PGDN> To Execute RV or Debt Bill Query

RV No	Reference No	Cert Date	Disb Amount	DOV No	Check No	Pmnt Meth
11	27NOV99-25FEB00 #11	03-MAY-2000	55222.88	168506	801087	EFT
12	26FEB00-31MAR00 #12	25-SEP-2000	12762.51	183229	1139333	EFT
13	01APR00-28JUL00 #13	25-SEP-2000	103225.78	183230	1139338	EFT
14	29JUL00-29SEP00 #14	14-NOV-2000	9541.93	187355	1264951	EFT
15	30SEP00-27OCT00 #15	11-DEC-2000	5516.31	189136	1321429	EFT
16	28OCT00-29DEC00 #16	05-MAR-2001	9786.81	195583	1496591	EFT
17	30DEC00-26JAN01 #17	05-MAR-2001	9468.52	195584	1496603	EFT
18	27JAN01-23FEB01 #18	04-APR-2001	3995.33	198317	1575822	EFT
19	24FEB01-30MAR01 #19	18-MAY-2001	18911.78	203157	1697278	EFT
20	31MAR01-25MAY01 #20	16-JUL-2001	2424.48	208957	1855452	EFT

RR

Invoice

Progress Pmts

RV

AP Transaction

Check Register

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Record: 11/22

Action Edit Block Field Record Query ESIG Help

Assigned Check No:	1189838	Check No Trace:	1800080845				
Replacement No:		Pmt Method:	EFT	DSSN:	8736	Ea?:	<input type="checkbox"/>
Type:	CONTRACT	FOA Code:	G6				
Check Date:	25-SEP-2000	Reference No:	DACA45-98-D-0004				
Amount:	12762.51	Currency:	US				
Status:	PRINTED	FC Amount:	.000000				
Payee:	ROY F WESTON INC						
	PO BOX 8500 (S 6175)						
	PHILADELPHIA, PA 19178-6175						
Certified By:	AUTRY, SHIRLEY LE					Date Signed:	25-SEP-2000
Initial Signature:	351684AE8E8CCFB739C						
Disbursing Officer's Signature:	39CFDFD4						

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Press F2 to enter a query.

Record: 1/1

Action Edit Block Field Record Query ESIG Help

Trvl Order/Obli:	00669406	Fund Type:	F	SAACONS Site:	
Trvl Ord Amend:	0	Approp Status:	C	Debtor Bill No:	
Vouch Seq No:	1	Approp Type:	C	Trans Date:	19-SEP-2000
Vouch Amend No:	0	EAID:		Eff Date:	19-SEP-2000
Setlmt Amend No:	0	Work Cat:	01A10	Resource Plan:	1
Line Item No:	1	Work Cat Elem:	99998	Cost Type:	WIP
Trvlr/Vendor ID:	GOUGT3557	Fund Work Item:	002DCL	Acct Phse:	B5A
Far Order No:	DW96947840-0560	Resource Code:	TRANSPR	TBO Disb:	N
Mgt Structure:	015558	MOA:	C2	Trans Type:	APR
Appropriation:				Period:	200009
Transaction ID:	2864726	Source:	TRVLCERT	GL Not Posted?	

GL Acct	Dr/Cr	Account Name	Debit Amount	Credit Amount
1311.25	D		142.96	
4252.00	D		142.96	
4821.00	D		142.96	
6500.32	D		142.96	
2113.00	C			142.96
4232.00	C			142.96

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Record: 3/3

TRAVEL VOUCHER OR SUBVOUCHER				TV NO: 1 AMEND NO: 0							
1. PAYMENT REQUIRED BY				2. TYPE OF PAYMENT				3. FOR DO USE ONLY			
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input checked="" type="checkbox"/> ELECTRONIC FUND TRANSFER				<input checked="" type="checkbox"/> TDY/TAD <input type="checkbox"/> PCS MEMBER / EMPLOYEE <input type="checkbox"/> OTHER <input type="checkbox"/> DEPENDENT(S) <input type="checkbox"/> DLA				a. DO VOUCHER NO. 0000182916			
4. NAME (Last, First, Middle Initial) GOUGER, TIMOTHY P				5. GRADE 12		6. SSN Privacy Act Data		b. SUBVOUCHER NO.			
7. ADDRESS a. NUMBER AND STREET Privacy Act Information.				b. CITY Privacy Act Information.		c. STATE		d. ZIP CODE		c. PAID BY 8736 20Sep2000 USACE FINANCE CENTER	
8. TELEPHONE NUMBER 402-293-2514		9. TRAVEL ORDER NUMBER 006654G6 23Aug2000		10. PREVIOUS PAYMENTS/ADVANCES \$.00							
11. ORGANIZATION AND STATION RAPID RESPONSE RESIDENT O											
12. DEPENDENT(S)				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS SEE ATTACHED (IF APPLICABLE)							
<input type="checkbox"/> ACCOMPANIED				<input type="checkbox"/> UNACCOMPANIED							
SEE ATTACHED (IF APPLICABLE)				14. HOUSEHOLD GOODS SHIPPED <input type="checkbox"/> YES <input type="checkbox"/> NO							
15. ITINERARY											
DATE	LOCAL TIME	PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OF MEALS Gov't Ded		POC MILES			
2000											
09/12	DEP 0700	OMAHA / DOUGLAS NE NEBRASKA	TP								
09/12	ARR 0930	ST LOUIS MO MISSOURI		TD	85.00						
09/13	DEP 1430	ST LOUIS MO MISSOURI	TP								
09/13	ARR 1540	CHICAGO / COOK IL ILLINOIS		TD							
09/15	DEP 1130	CHICAGO / COOK IL ILLINOIS	TP								
09/15	ARR 1330	OMAHA / DOUGLAS NE NEBRASKA		MC							
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
16. REIMBURSABLE EXPENSES						17. LEAVE		e. SUMMARY OF PAYMENT			
DATE	b. NATURE OF EXPENSE		c. AMOUNT	b. ALLOWED	a. DAYS	b. HOURS					
15Sep2000	CREDIT CARD ATM FEE		\$ 5.85				(1) Per Diem \$242.56				
15Sep2000	MILEAGE TO/FROM AIRPORT		\$ 9.75				(2) Actual Expense				
15Sep2000	MISCELLANEOUS - SPECIFY IN REMARKS		\$ 10.50				(3) Mileage				
15Sep2000	PARKING FEES - AIRPORT		\$ 24.00				(4) Dependent Travel				
15Sep2000	LONG DISTANCE PHONE CALLS		\$.75				(5) DLA				
15Sep2000	TRANSPORTATION - SUBWAY		\$ 3.00				(6) Reimbursable Expense \$43.35				
						c. TAKEN BETWEEN		(7) Total \$285.91			
						d. AND		(8) Less Advance			
								(9) Amount Owed			
								(10) Amount Due \$285.91			
18. POC TRAVEL:			OWNER/OPERATOR		PASSENGER		19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)				
20. Long distance telephone calls are certified as necessary in the interest of the government.						a. GTR/MTA NO.		b. FROM		c. TO	
APPROVING OFFICER (31 USC 1348(b))						7120070529		ST LOUIS MO MISSOUR		CHICAGO / COOK IL I	
21. a. CLAIMANT SIGNATURE				b. DATE		22. a. APPROVING OFFICER SIGNATURE /ELECTRONICALLY SIGNED BY/ STEVEN R SCHMIDT				b. DATE 18Sep2000	
23. ACCOUNTING CLASS				08 2417 015558		96252		G625294		002DCM 050 % FUNDED	
				08 2417 015008		96252		G656405		004F1Z 050 % FUNDED	
24. COLLECTION DATA											
25. COMPUTED BY SHELIA DACQUISTO		26. AUDITED BY JUDITH MORGAN		27. TRVL ORD POSTED BY		28. RECEIVED (Payee signature and date or check no.) 1117656 20Sep2000		29. AMOUNT PAID \$285.91			

[illegible]

SALES PERSON: 43
CUSTOMER NBR: 555101

ITINERARY/INVOICE NO. 0025755
WALOKV

DATE: 06 SEP 00
PAGE: 01

TO: PICKUP 11SEP .

MAIL REFUNDS W/ORDERS TO-
CARLSON WAGONLIT TRAVEL
COE/OMAHA
215 N 17TH STREET
ROOM 106B
OMAHA NE 68102

FOR: GOUGER/TIM

REF: CTAORD,096252,COEOMA

**PLEASE VISIT OUR WEBSITE AT WWW.CWGGOVERNMENT.COM
**AND COMPLETE OUR SERVICE EXCELLENCE SURVEY.

15 SEP 00 - FRIDAY

AIR AMERICAN AIRLINES FLT:4114 ECONOMY
OPERATED BY AMERICAN EAGLE
LV CHICAGO OHARE 835A
DEPART: TERMINAL 3
AR OMAHA 1008A

EQP: EMBRAER 145 JET
01HR 33MIN
NON-STOP
REF: WALOKV

GOUGER/TIM

SEAT-14A

AIR TICKET AA7120070529
ELEC TKT

GOUGER TIM
BILLED TO

174.50*

SUB TOTAL
NET CC BILLING

174.50
174.50*

TOTAL AMOUNT DUE

0.00

X ---- INFORMATION FOR ARMY TRAVELERS ----
FOR ARMY LODGING RESERVATION-800-462-7691

XX
FOR ASSISTANCE WHILE ENROUTE, AFTER NORMAL BUSINESS
HOURS CALL OUR 24HR SERVICE CENTER AT 1-800-288-5999.
TICKET RECEIVED

CLIENT SIGNATURE.....
RESERVED SEATS SUBJECT TO CANCEL 30MIN BEFORE DEP
YOUR PERSONAL ID CODE IS S10L4/CTO
THANK YOU FOR BOOKING WITH CARLSON WAGONLIT TRAVEL
FOR EMERGENCIES DURING BUSINESS HOURS.
PLEASE CALL 1-800-945-0535
CALL 1-877-INFOCUT FOR REPORTING OR EVALUATING.
SERVICE EXCELLENCE ISSUES. YOUR QC ID CODE IS 1707.
CAR DECLINED/A//22AUG
FARE-A43 YCA SDG NDGORD

CONTINUED ON PAGE 2

PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE
ETKT.

CTAORD, 896252, COEOMA

555101

0025755

A43

PASSENGER RECEIPT

XXXXXXXXXX

ISSUED BY **ARC** FLIGHT COUPON **X** TOUR CODE **X** AGENT CODE **A28926122** NAME OF PASSENGER **GOUGER/TIM**
NAME OF ISSUING AGENT **AMERICAN AIRLINES** PLACE OF ISSUE **NE US** DATE OF ISSUE **06 SEP 00**
NAME OF PASSENGER **ALMEDA TVL OMAHA** FARE BASIS/TICKET DESIGNATOR **WALOKV/AA NDGORD** FROM **OMA AA4114 N 15SEPNDGORD**
GOUGER/TIM
XO FROM ****NOT VALID FOR**** THIS IS YOUR RECEIPT
XO TO ****TRANSPORTATION***
ENDORSEMENTS/RESTRICTIONS

FP [REDACTED] 039777 /FCCHI AA OMA
Q9.30.147.91NDGORD 157.21 END ZPORD XFORD3

FARE XF . 3.00
USD 157.21
JAX US 11.79
TAX ZP 2.50
TOTAL USD 174.50

EQUIV. FARE PD.

STOCK CONTROL NO. TX 889 CK

CPN

DOCUMENT NUMBER

CK

0 001 7120070529 2

NOT VALID FOR TRAVEL
0 001 7120070529 2
AA28926122

00 3428 7512
PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE
ETKT.

CTAORD, 896252, COEOMA

555101

0025754

A43

PASSENGER RECEIPT

XXXXXXXXXX

ISSUED BY **ARC** FLIGHT COUPON **X** TOUR CODE **X** AGENT CODE **A28926122** NAME OF PASSENGER **GOUGER/TIM**
NAME OF ISSUING AGENT **TRANS WORLD AIRLINES** PLACE OF ISSUE **NE US** DATE OF ISSUE **06 SEP 00**
NAME OF PASSENGER **ALMEDA TVL OMAHA** FARE BASIS/TICKET DESIGNATOR **WALOKV/AA MULTI** FROM **OMA**
GOUGER/TIM
XO FROM ****NOT VALID FOR**** THIS IS YOUR RECEIPT
XO TO ****TRANSPORTATION***
ENDORSEMENTS/RESTRICTIONS

FP [REDACTED] 031134 /FCOMA TW STL5
5.81YCA TW CHI Q9.30 32.56SDG 97.67 END ZPOMASTL X
STL3

FARE XF . 3.00
USD 97.67
JAX US 7.33
TAX ZP 5.00
TOTAL USD 113.00

EQUIV. FARE PD.

STOCK CONTROL NO. TX 889 CK

CPN

DOCUMENT NUMBER

CK

0 015 7120070528 1

NOT VALID FOR TRAVEL
0 015 7120070528 1
AA28926122

IT IS UNLAWFUL TO PURCHASE OR RESELL THIS TICKET FROM ANY ENTITY OTHER THAN THE ISSUING CARRIER OR ITS AUTHORIZED AGENT.

IT IS UNLAWFUL TO PURCHASE OR RESELL THIS TICKET FROM ANY ENTITY OTHER THAN THE ISSUING CARRIER OR ITS AUTHORIZED AGENT.

[illegible]

rk.

Species	Number	Sex	Age	Weight	Length	Wing	Tail	Bill	Foot	Claw
1	1	♂	1	1.2	15.5	10.5	12.5	1.5	1.5	0.5
2	1	♀	1	1.1	15.0	10.0	12.0	1.4	1.4	0.4
3	1	♂	1	1.3	16.0	11.0	13.0	1.6	1.6	0.6
4	1	♀	1	1.0	14.5	9.5	11.5	1.3	1.3	0.4
5	1	♂	1	1.4	16.5	11.5	13.5	1.7	1.7	0.7
6	1	♀	1	1.1	15.0	10.0	12.0	1.4	1.4	0.5
7	1	♂	1	1.2	15.5	10.5	12.5	1.5	1.5	0.5
8	1	♀	1	1.0	14.5	9.5	11.5	1.3	1.3	0.4
9	1	♂	1	1.3	16.0	11.0	13.0	1.6	1.6	0.6
10	1	♀	1	1.1	15.0	10.0	12.0	1.4	1.4	0.5
11	1	♂	1	1.2	15.5	10.5	12.5	1.5	1.5	0.5
12	1	♀	1	1.0	14.5	9.5	11.5	1.3	1.3	0.4
13	1	♂	1	1.3	16.0	11.0	13.0	1.6	1.6	0.6
14	1	♀	1	1.1	15.0	10.0	12.0	1.4	1.4	0.5
15	1	♂	1	1.2	15.5	10.5	12.5	1.5	1.5	0.5
16	1	♀	1	1.0	14.5	9.5	11.5	1.3	1.3	0.4
17	1	♂	1	1.3	16.0	11.0	13.0	1.6	1.6	0.6
18	1	♀	1	1.1	15.0	10.0	12.0	1.4	1.4	0.5
19	1	♂	1	1.2	15.5	10.5	12.5	1.5	1.5	0.5
20	1	♀	1	1.0	14.5	9.5	11.5	1.3	1.3	0.4
21	1	♂	1	1.3	16.0	11.0	13.0	1.6	1.6	0.6
22	1	♀	1	1.1	15.0	10.0	12.0	1.4	1.4	0.5
23	1	♂	1	1.2	15.5	10.5	12.5	1.5	1.5	0.5
24	1	♀	1	1.0	14.5	9.5	11.5	1.3	1.3	0.4
25	1	♂	1	1.3	16.0	11.0	13.0	1.6	1.6	0.6
26	1	♀	1	1.1	15.0	10.0	12.0	1.4	1.4	0.5
27	1	♂	1	1.2	15.5	10.5	12.5	1.5	1.5	0.5
28	1	♀	1	1.0	14.5	9.5	11.5	1.3	1.3	0.4
29	1	♂	1	1.3	16.0	11.0	13.0	1.6	1.6	0.6
30	1	♀	1	1.1	15.0	10.0	12.0	1.4	1.4	0.5
31	1	♂	1	1.2	15.5	10.5	12.5	1.5	1.5	0.5
32	1	♀	1	1.0	14.5	9.5	11.5	1.3	1.3	0.4
33	1	♂	1	1.3	16.0	11.0	13.0	1.6	1.6	0.6
34	1	♀	1	1.1	15.0	10.0	12.0	1.4	1.4	0.5
35	1	♂	1	1.2	15.5	10.5	12.5	1.5	1.5	0.5
36	1	♀	1	1.0	14.5	9.5	11.5	1.3	1.3	0.4
37	1	♂	1	1.3	16.0	11.0	13.0	1.6	1.6	0.6
38	1	♀	1	1.1	15.0	10.0	12.0	1.4	1.4	0.5
39	1	♂	1	1.2	15.5	10.5	12.5	1.5	1.5	0.5
40	1									

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

$\frac{d}{dt} \left(\frac{\partial L}{\partial \dot{x}} \right) = \frac{\partial L}{\partial x}$	$\frac{d}{dt} \left(\frac{\partial L}{\partial \dot{y}} \right) = \frac{\partial L}{\partial y}$
$\frac{d}{dt} \left(\frac{\partial L}{\partial \dot{z}} \right) = \frac{\partial L}{\partial z}$	$\frac{d}{dt} \left(\frac{\partial L}{\partial \dot{\theta}} \right) = \frac{\partial L}{\partial \theta}$
$\frac{d}{dt} \left(\frac{\partial L}{\partial \dot{\phi}} \right) = \frac{\partial L}{\partial \phi}$	$\frac{d}{dt} \left(\frac{\partial L}{\partial \dot{\psi}} \right) = \frac{\partial L}{\partial \psi}$

[illegible]

A SAFE IS PROVIDED FOR DEPOSIT OF VALUABLES. THE HOTEL CANNOT BE RESPONSIBLE FOR VALUABLES NOT DEPOSITED.

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as indicated in items 2 through 21						1. DATE OF REQUEST 23-AUG-2000	
REQUEST FOR OFFICIAL TRAVEL							
2. NAME (Last, First, Middle Initial) SSN GOUGER, TIMOTHY P				3. POSITION TITLE AND GRADE OR RATING ENVIRONMENTAL ENGINEER GS12			
4. OFFICIAL STATION RAPID RESPONSE RESIDENT OFFICE OFFUTT, AFB, NE				5. ORGANIZATIONAL ELEMENT CENWO-CD-FC-R		6. PHONE NO. 402-293-2514	
7. TYPE OF ORDERS TEMPORARY DUTY		8. SECURITY CLEARANCE		9. PURPOSE OF TDY RAPID RESPONSE CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL			
10a. APPROX NO. DAYS OF TDY (Including travel time) 2		10b. PROCEED O/A (DATE) 12-SEP-2000					
11. ITINERARY <input checked="" type="checkbox"/> VARIATION AUTHORIZED LEG: 1 OF 2 AMENDMENT NUMBER: 0 FROM: OMAHA / DOUGLAS NE NEBRASKA PROCEED ON 12-SEP-2000 AT 600 HRS TO : ST LOUIS MO MISSOURI DEPART ON 13-SEP-2000 AT 2300 HRS							
12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE							
COMMERCIAL				GOVERNMENT		PRIVATELY OWNED CONVEYANCE (Check one)	
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: 0.0000
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)						<input type="checkbox"/> More advantageous to government	
						<input type="checkbox"/> Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.	
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)							
14. ESTIMATED COST						15. ADVANCE AUTHORIZED	
PER DIEM \$582.00		TRAVEL \$337.50		OTHER \$175.00		TOTAL \$1,094.50	
15. ADVANCE AUTHORIZED \$.00							
16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) See Attached For Additional Remarks TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.							
17. REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN SUPERVISORY CIVIL ENGINEER 23-AUG-2000				18. APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JEROME M WOODS SUPERVISORY CIVIL ENGINEER 23-AUG-2000			
AUTHORIZATION							
19. ACCOUNTING CITATION <div style="background-color: black; width: 400px; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> 50% </div> <div style="display: flex; justify-content: space-between;"> 50% </div>							
20. ORDER AUTHORIZING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JANICE L WZOREK SUPPORT ASSISTANT (OA) PORT CROOK AREA OFFICE USACE P.O. BOX 13287 OFFUTT, AFB, NE 68113						21. DATE ISSUED 23-AUG-2000	
						22. TRAVEL ORDER NUMBER 006654G6	

U.S. ARMY CORPS OF ENGINEERS
REQUEST FOR OFFICIAL TRAVEL

DATE ISSUED
23-AUG-2000

NAME (Last, First)
GOUGER, TIMOTHY P

TRAVEL ORDER NUMBER
006654G6

16.REMARKS

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC
KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE
RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as indicated in items 2 through 21							1. DATE OF REQUEST 23-AUG-2000	
REQUEST FOR OFFICIAL TRAVEL								
2.NAME (Last,First,Middle Initial) SSN GOUGER, TIMOTHY P				3.POSITION TITLE AND GRADE OR RATING ENVIRONMENTAL ENGINEER GS12				
4.OFFICIAL STATION RAPID RESPONSE RESIDENT OFFICE OFFUTT, AFB, NE				5.ORGANIZATIONAL ELEMENT CENWO-CD-PC-R			6.PHONE NO. 402-293-2514	
7.TYPE OF ORDERS TEMPORARY DUTY			8.SECURITY CLEARANCE 		9.PURPOSE OF TDY RAPID RESPONSE/TECHNICAL SUPPORT CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL			
10a.APPROX NO. DAYS OF TDY (Including travel time) 2			b.PROCEED O/A (DATE) 13-SEP-2000					
11.ITINERARY <input checked="" type="checkbox"/> VARIATION AUTHORIZED LEG: 2 OF 2 AMENDMENT NUMBER: 0 FROM: ST LOUIS MO MISSOURI PROCEED ON 13-SEP-2000 AT 2300 HRS TO : CHICAGO / COOK IL ILLINOIS DEPART ON 15-SEP-2000 AT 2300 HRS								
12.MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE								
COMMERCIAL				GOVERNMENT			PRIVATELY OWNED CONVEYANCE (Check one)	
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: 0.0000	
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)							<input type="checkbox"/> More advantageous to government	
							<input type="checkbox"/> Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.	
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM(Specify)								
14.ESTIMATED COST							15.ADVANCE AUTHORIZED	
PER DIEM ref Leg 1		TRAVEL ref Leg 1		OTHER ref Leg 1		TOTAL ref Leg 1		\$.00
16.REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) See Attached For Additional Remarks TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.								
17.REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN SUPERVISORY CIVIL ENGINEER 23-AUG-2000					18.APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JEROME M WOODS SUPERVISORY CIVIL ENGINEER 23-AUG-2000			
AUTHORIZATION								
19.ACCOUNTING CITATION <div style="background-color: black; width: 400px; height: 30px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> 50% </div> <div style="display: flex; justify-content: space-between;"> 50% </div>								
20.ORDER AUTHORIZING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JANICE L WZOREK FORT CROOK AREA OFFICE USACE P.O. BOX 13287 OFFUTT, AFB, NE68113						21.DATE ISSUED 23-AUG-2000 22.TRAVEL ORDER NUMBER 006654G6		

Action Edit Block Field Record Query ESIG Help

Assigned Check No: 111755E

Check No Trace: 1800080173

Replacement No:

Pmt Method: EFT

DSSN: 8736

Ea?:

Type: TRV SETLMT

FOA Code: G6

Check Date: 20-SEP-2000

Reference No: 006654C6

Amount: 285.91

Currency: US

Status: PRINTED

FC Amount:

Payee: TIMOTHY P GOUGER

Certified By: AUTRY, SHIRLEY LE

Date Signed: 21-SEP-2000

Initial Signature: FE103A60E46785D739C

Disbursing Officer's Signature: 39CA050D

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Press F2 to enter a query.

Record: 1/1

Action Edit Block Field Record Query ESI~~G~~ Help

Obli No:	88/BOY/AUG-SEP#8	Fund Type:	F	Fast Pay:	<input type="checkbox"/>	Reversal:	<input type="checkbox"/>
Deliv Order No:	NA	Approp Status:	C	Rcwr:	D. SKINNER		
Line Item No:	0009	Approp Type:	?	Debtor Bill No:			
Rec Rpt No:		EAID:		MOA:	C2	Acct Phase:	E5A
Invoice No:		Accrual:		EOR:	21T1	Trans Date:	18-SEP-2000
FAR Order No:	DW96947840-0560	Cost Type:	WIP	Effect Date:	18-SEP-2000		
Fund Work Item:	002DCL	Resource Code:	TRANSPER	TBO Ind:			
Resource Plan:	1	Work Cat:	01A10	Trans Type:	APR		
Mgmt Struct:	015558	Work Cat Elem:	99998	Payee Class:			
Appropriation:			2417 96252	Period:	200009		
Transaction Id:	2861955	GL Corr Id:	AP910	GL Not Posted?:	<input type="checkbox"/>		
Prop Cat Code:		Source:	GTRRCV	TBO Rpt:			

GL Acct	Dr/Cr	Account Name	Debit Amt	Credit Amt
1311.25	D		143.75	
4252.00	D		143.75	
4821.00	D		143.75	
6500.32	D		143.75	
2113.00	C			143.75

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Record: 5/7

Action Edit Block Field Record Query ESIG Help

Travel Order No: 00665406

Employee: TIMOTHY P GOUGER

Travel Order Date: 23-AUG-2000

Type: TEMPORARY DUTY

Obligation Line Items

Obligation	Obl LI No	Description	WI Cd	EOR	Approved Amount	Disbursed Amount	Travel Order Balance
00665406	1	NON-GTR TRAVE	002DCL	21T2	403.50	142.96	260.54
00665406	2	NON-GTR TRAVE	004D20	21T2	403.50	142.95	260.55
99/EOY/AUG-SEP#3	0009	7120070528	002DCL	21T1	143.75	143.75	0.00
99/EOY/AUG-SEP#3	0010	7120070528	004D20	21T1	143.75	143.75	0.00

☐ View Funding

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Press <F2> or <F3> to query travel orders, <PGDN> to view individual line items.

Record: 1/1

ORDER FOR SUPPLIES OR SERVICES				Form Approved OMB No. 0704-0187 Expires Aug 31, 1992		PAGE 1	
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, Va 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington DC 20503.							
1. CONTRACT/PURCH ORDER NO. 99/EOY/AUG-SEP#3		2. DELIVERY ORDER NO. NA		3. DATE OF ORDER. 18-SEP-2000		4. REQUISITION/PURCH REQUEST NO. W59XQG02492962	
6. ISSUED BY CODE				7. ADMINISTERED BY CODE		5. CERTIFIED FOR NATIONAL DEFENSE UNDER DMS REG 1	
9. CONTRACTOR VENDOR ID: NB22399 CODE NATIONS BANK CARD #22399 4486160000022399 P O BOX 650785 DALLAS, TX 75265-0785				10. DELIVER TO FOB POINT BY		8. DELIVERY FOB [] DEST [] OTHER (See Schedule)	
				12. DISCOUNT TERMS		11. MARK IF BUS. IS [] SMALL [] SMALL DIS-ADVANTAGED [] WOMEN-OWNED	
14. SHIP TO CODE				15. PAYMENT WILL BE MADE BY CODE		13. MAIL INVOICES TO See Block 15	
16. DELIVERY This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of the above numbered contract.							
PURCHASE Reference your furnish the following on terms specified herein.							
ACCEPTANCE. THE CONTRACT HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.							
NAME OF CONTRACTOR		SIGNATURE		TYPED NAME AND TITLE		DATE SIGNED	
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:							
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE							
18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE	23. AMOUNT	
0001	7120070526/6848G6/MOSES	.0000/		.0000 LS	\$.00	\$298.00	
0002	7116744738/6848G6/BOWERS	.0000/		.0000 LS	\$.00	\$251.00	
*If quantity accepted by the Government is same as quantity ordered, indicate by x. If different, enter actual quantity accepted below quantity ordered and encircle.		24. UNITED STATES OF AMERICA BY: CONTRACTING/ORDERING OFFICER			25. TOTAL		\$16,796.24
26. QUANTITY IN COLUMN 20 HAS BEEN [] INSPECTED [X] RECEIVED [] ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED 18-SEP-2000 /S/ DARLENE E SKINNER DATE SIGNATURE OF AUTHORIZED GOVERNMENT REP.		27. REC RPT NO 000001 [] PARTIAL [X] FINAL		28. D.O. VOUCHER NO. ** MULTIPLE **		30. INITIALS	
36. I certify this amount is correct and proper for payment DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER		31. PAYMENT [] COMPLETE [] PARTIAL [] FINAL		32. PAID BY 8736 06-OCT-00		33. AMT VERIFIED CORRECT FOR \$251.00	
						34. CHECK NUMBER 0000723934	
						35. BILL OF LADING NO.	
37. REC'D AT	38. RECEIVED BY DARLENE E SKINNER	39. DATE REC'D 18-SEP-2000	40. TOTAL CONT.	41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.	

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT	
0003	7116744738/6848G6/BOWERS	.0000/	.0000	LS	\$.00	\$251.00
0005	7120070501/6809G6/HOOVER	.0000/	.0000	LS	\$.00	\$433.00
0006	7120070517/6272G6/REA	.0000/	.0000	LS	\$.00	\$58.50
0007	7120070523/6855G6/GOUGER	.0000/	.0000	LS	\$.00	\$159.00
0008	7120070525/6813G6/SOLSKY	.0000/	.0000	LS	\$.00	\$446.00
0009	7120070528	.0000/	.0000	LS	\$.00	\$143.75
0010	7120070528	.0000/	.0000	LS	\$.00	\$143.75
0011	7120070532/6746G6/LINDQUIST	.0000/	.0000	LS	\$.00	\$276.50
0012	7120070532/6746G6/LINDQUIST	.0000/	.0000	LS	\$.00	\$276.50
0013	7120070537/6619G6/ADOLF	.0000/	.0000	LS	\$.00	\$1,721.24
0014	712070538/6100G6/JOHNSON	.0000/	.0000	LS	\$.00	\$567.00
0015	7120070540/6412G6/BENZMILLER	.0000/	.0000	LS	\$.00	\$930.00
0016	7120070541/6743G6/OLSEN, J	.0000/	.0000	LS	\$.00	\$276.50
0017	7120070541/6743G6/OLSEN, J	.0000/	.0000	LS	\$.00	\$276.50
0018	7120070542/6381G6/PAVLIK	.0000/	.0000	LS	\$.00	\$462.50
0019	7120070557/34G6/TILLOTSON	.0000/	.0000	LS	\$.00	\$420.00
0020	7120070564/6917G6/KURMEL	.0000/	.0000	LS	\$.00	\$409.50
0021	7120070567/6873G6/GRAF	.0000/	.0000	LS	\$.00	\$567.00
0022	7120070571/6891G6/MINER	.0000/	.0000	LS	\$.00	\$420.00
0023	7120070573/6895G6/HERRING	.0000/	.0000	LS	\$.00	\$298.00
0024	7120070574/6727G6/HEIDEN	.0000/	.0000	LS	\$.00	\$333.50
0025	7120070578/6818G6/BUSS, M	.0000/	.0000	LS	\$.00	\$429.00
0028	7120070586/6549G6/BOWERS	.0000/	.0000	LS	\$.00	\$239.00
0029	7120070588/6766G6/JOHNSON, A	.0000/	.0000	LS	\$.00	\$458.00
0030	7120070592/6850G6/POPELKA	.0000/	.0000	LS	\$.00	\$803.00
0031	7120070593/6881G6/HENNINGSSEN	.0000/	.0000	LS	\$.00	\$793.00
0032	7120070595/6833G6/KRUPA	.0000/	.0000	LS	\$.00	\$793.00
0033	7120070597/6539G6/NOLAN	.0000/	.0000	LS	\$.00	\$446.50
0034	7120070600/6935G6/HERSE	.0000/	.0000	LS	\$.00	\$446.00
0035	7120070601/02/6922G6/HOLLAND	.0000/	.0000	LS	\$.00	\$220.00
0036	7120070604/6918G6/LEHN	.0000/	.0000	LS	\$.00	\$209.00
0037	7120070605/6883G6/WINSLOW	.0000/	.0000	LS	\$.00	\$426.00
0038	7120070606/6877G6/MAILANDER	.0000/	.0000	LS	\$.00	\$816.00
0039	7120070614/63G6/VADER	.0000/	.0000	LS	\$.00	\$853.00
0040	7120070616/6940G6/NOVOTNY	.0000/	.0000	LS	\$.00	\$446.00

ORDER FOR SUPPLIES OR SERVICES						Form Approved OMB No. 0704-0187 Expires Aug 31, 1992		PAGE 1		
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, Va 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington DC 20503.										
1. CONTRACT/PURCH ORDER NO. 99/EOY/AUG-SEP#3		2. DELIVERY ORDER NO. NA		3. DATE OF ORDER. 18-SEP-2000		4. REQUISITION/PURCH REQUEST NO. W59XQG02160141		5. CERTIFIED FOR NATIONAL DEFENSE UNDER DMS REG 1		
6. ISSUED BY		CODE		7. ADMINISTERED BY		CODE		8. DELIVERY FOB [] DEST [] OTHER (See Schedule)		
9. CONTRACTOR VENDOR ID: NB22399		CODE		FACILITY CODE		10. DELIVER TO FOB POINT BY		11. MARK IF BUS. IS [] SMALL [] SMALL DIS-ADVANTAGED [] WOMEN-OWNED		
NATIONS BANK CARD #22399 4486160000022399 P O BOX 650785 DALLAS, TX 75265-0785						12. DISCOUNT TERMS		13. MAIL INVOICES TO See Block 15		
14. SHIP TO		CODE		15. PAYMENT WILL BE MADE BY		CODE		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER		
16. DELIVERY		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of the above numbered contract.								
PURCHASE		Reference your _____ furnish the following on terms specified herein.								
ACCEPTANCE. THE CONTRACT HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.										
NAME OF CONTRACTOR		SIGNATURE		TYPED NAME AND TITLE				DATE SIGNED		
<input type="checkbox"/>		If this box is marked, supplier must sign Acceptance and return the following number of copies:								
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE										
18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE	23. AMOUNT		
0006	7120070517/6272G6/REA			.0000/ .0000		LS	\$.00	\$.00		
*If quantity accepted by the Government is same as quantity ordered, indicate by x. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA			25. TOTAL		\$.00	
				BY: _____			29. DIFFERENCES			
26. QUANTITY IN COLUMN 20 HAS BEEN [] INSPECTED [X] RECEIVED [] ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED 27-SEP-2000 /S/ DARLENE E SKINNER DATE SIGNATURE OF AUTHORIZED GOVERNMENT REP.				27. REC RPT NO 000002		28. D.O. VOUCHER NO.		30. INITIALS		
				[] PARTIAL [X] FINAL		32. PAID BY		33. AMT VERIFIED CORRECT FOR \$.00		
36. I certify this amount is correct and proper for payment DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER				31. PAYMENT [] COMPLETE [] PARTIAL [] FINAL		34. CHECK NUMBER		35. BILL OF LADING NO.		
37. REC'D AT	38. RECEIVED BY DARLENE E SKINNER			39. DATE REC'D 27-SEP-2000		40. TOTAL CONT.		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.

USACE OMAHA DISTRICT
DARLENE SKINNER
215 N 17TH ST.
OMAHA NE 68102-4978

VISA

ACCOUNT NUMBER

Page 28 of 32

INDIVIDUAL CARDHOLDER ACTIVITY

NM:LINDQUIST/TODD		TKT:0127120070532	CVAT:	CC:		
OARP:OMA	SVC:Y	DARP:MSP FR:YCA	DEP:091100			
OARP:MSP	SVC:Y	DARP:MOT FR:YCA	DEP:091100			
OARP:MOT	SVC:Y	DARP:MSP FR:YCA	DEP:091600			
OARP:MSP	SVC:Y	DARP:OMA FR:YCA	DEP:091600			
09-08	NWA AIR	0127120070537	OMAHA	NE	09-08	1,721.24 DR
REF:24717050251582510483128 MCC:3060 PHONE:						
NM:ADOLF/MARY		TKT:0127120070537	CVAT:	CC:		
OARP:OMA	SVC:Y	DARP:MSP FR:YUP	DEP:091100			
OARP:MSP	SVC:P	DARP:YYC FR:YUP	DEP:091100			
OARP:YYC	SVC:P	DARP:MSP FR:YUP	DEP:091400			
OARP:MSP	SVC:P	DARP:OMA FR:YUP	DEP:091400			
09-08	NWA AIR	0127120070538	OMAHA	NE	09-08	567.00 DR
REF:24717050251582510483136 MCC:3060 PHONE:						
NM:JOHNSONMELISSA		TKT:0127120070538	CVAT:	CC:		
OARP:OMA	SVC:Y	DARP:MSP FR:YCA	DEP:091100			
OARP:MSP	SVC:H	DARP:GFK FR:HSPND	DEP:091100			
OARP:GFK	SVC:H	DARP:MSP FR:HSPND	DEP:091300			
OARP:MSP	SVC:Y	DARP:OMA FR:YCA	DEP:091500			
09-08	NWA AIR	0127120070540	OMAHA	NE	09-08	\$30.00 DR
REF:24717050251582510483144 MCC:3060 PHONE:						
NM:BENZMILLER/DALLAS		TKT:0127120070540	CVAT:	CC:		
OARP:BIS	SVC:M	DARP:MSP FR:MSPND	DEP:091100			
OARP:MSP	SVC:Y	DARP:MCI FR:YCA	DEP:091100			
OARP:MCI	SVC:Y	DARP:MSP FR:YCA	DEP:091500			
OARP:MSP	SVC:M	DARP:BIS FR:MSPND	DEP:091500			
09-08	NWA AIR	0127120070541	OMAHA	NE	09-08	593.00 DR
REF:24717050251582510483151 MCC:3060 PHONE:						
NM:OLSEN/JAMES		TKT:0127120070541	CVAT:	CC:		
OARP:OMA	SVC:Y	DARP:MSP FR:YCA	DEP:091100			
OARP:MSP	SVC:Y	DARP:MOT FR:YCA	DEP:091100			
OARP:MOT	SVC:Y	DARP:MSP FR:YCA	DEP:091600			
OARP:MSP	SVC:Y	DARP:OMA FR:YCA	DEP:091600			
09-08	NWA AIR	0127120070567	OMAHA	NE	09-08	567.00 DR
REF:24717050251582510483201 MCC:3060 PHONE:						
NM:GRAF/STEVE		TKT:0127120070567	CVAT:	CC:		
OARP:OMA	SVC:Y	DARP:MSP FR:YCA	DEP:091100			
OARP:MSP	SVC:H	DARP:GFK FR:HSPND	DEP:091100			
OARP:GFK	SVC:H	DARP:MSP FR:HSPND	DEP:091300			
OARP:MSP	SVC:Y	DARP:OMA FR:YCA	DEP:091300			
09-08	TWA AIRLINE	0157120070528	OMAHA	NE	09-08	113.00 DR
REF:24717050251582510576087 MCC:3004 PHONE:						
NM:GOUGER/TIM		TKT:0157120070528	CVAT:	CC:		
OARP:OMA	SVC:Y	DARP:STL FR:YCA	DEP:091200			
OARP:STL	SVC:S	DARP:ORD FR:SDG	DEP:091300			

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as indicated in items 2 through 21						1. DATE OF REQUEST 23-AUG-2000	
REQUEST FOR OFFICIAL TRAVEL							
2.NAME (Last,First,Middle Initial) SSN GOUGER, TIMOTHY P				3.POSITION TITLE AND GRADE OR RATING ENVIRONMENTAL ENGINEER GS12			
4.OFFICIAL STATION RAPID RESPONSE RESIDENT OFFICE OFFUTT, AFB, NE				5.ORGANIZATIONAL ELEMENT CENWO-CD-FC-R		6.PHONE NO. 402-293-2514	
7.TYPE OF ORDERS TEMPORARY DUTY		8.SECURITY CLEARANCE		9.PURPOSE OF TDY RAPID RESPONSE CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL			
10a.APPROX NO. DAYS OF TDY (Including travel time) 2		b.PROCEED O/A (DATE) 12-SEP-2000					
11.ITINERARY LEG: 1 OF 2 AMENDMENT NUMBER: 0 FROM: OMAHA / DOUGLAS NE NEBRASKA PROCEED ON 12-SEP-2000 AT 600 HRS TO : ST LOUIS MO MISSOURI DEPART ON 13-SEP-2000 AT 2300 HRS				<input checked="" type="checkbox"/> VARIATION AUTHORIZED			
12.MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE							
COMMERCIAL				GOVERNMENT		PRIVATELY OWNED CONVEYANCE (Check one)	
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: 0.0000
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)						<input type="checkbox"/> More advantageous to government <input type="checkbox"/> Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.	
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM(Specify)							
14.ESTIMATED COST						15.ADVANCE AUTHORIZED	
PER DIEM \$582.00		TRAVEL \$337.50		OTHER \$175.00		TOTAL \$1,094.50	
16.REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) See Attached For Additional Remarks TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.							
17.REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN SUPERVISORY CIVIL ENGINEER 23-AUG-2000				18.APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JEROME M WOODS SUPERVISORY CIVIL ENGINEER 23-AUG-2000			
AUTHORIZATION							
19.ACCOUNTING CITATION 96 [REDACTED] 50¢ 96 [REDACTED] 50¢							
20.ORDER AUTHORIZING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JANICE L WZOREK PORT CROOK AREA OFFICE USACE P.O. BOX 13287 OFFUTT, AFB, NE68113						21.DATE ISSUED 23-AUG-2000 22.TRAVEL ORDER NUMBER 006654G6	

U.S. ARMY CORPS OF ENGINEERS
REQUEST FOR OFFICIAL TRAVEL

DATE ISSUED
23-AUG-2000

NAME (Last, First)
GOUGER, TIMOTHY P

TRAVEL ORDER NUMBER
006654G6

16. REMARKS

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TICKET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVERNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as indicated in items 2 through 21						1. DATE OF REQUEST 23-AUG-2000	
REQUEST FOR OFFICIAL TRAVEL							
2. NAME (Last, First, Middle Initial) SSN GOUGER, TIMOTHY P				3. POSITION TITLE AND GRADE OR RATING ENVIRONMENTAL ENGINEER GS12			
4. OFFICIAL STATION RAPID RESPONSE RESIDENT OFFICE OFFUTT, AFB, NE				5. ORGANIZATIONAL ELEMENT CENWO-CD-FC-R		6. PHONE NO. 402-293-2514	
7. TYPE OF ORDERS TEMPORARY DUTY		8. SECURITY CLEARANCE		9. PURPOSE OF TDY RAPID RESPONSE/TECHNICAL SUPPORT CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL			
10a. APPROX NO. DAYS OF TDY (Including travel time) 2		b. PROCEED O/A (DATE) 13-SEP-2000					
11. ITINERARY <input checked="" type="checkbox"/> VARIATION AUTHORIZED LEG: 2 OF 2 AMENDMENT NUMBER: 0 FROM: ST LOUIS MO MISSOURI PROCEED ON 13-SEP-2000 AT 2300 HRS TO : CHICAGO / COOK IL ILLINOIS DEPART ON 15-SEP-2000 AT 2300 HRS							
12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE							
COMMERCIAL				GOVERNMENT		PRIVATELY OWNED CONVEYANCE (Check one)	
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: 0.0000
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)						<input type="checkbox"/> More advantageous to government	
						<input type="checkbox"/> Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.	
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)							
14. ESTIMATED COST						15. ADVANCE AUTHORIZED	
PER DIEM ref Leg 1		TRAVEL ref Leg 1		OTHER ref Leg 1		TOTAL ref Leg 1 \$.00	
16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) See Attached For Additional Remarks TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.							
17. REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN SUPERVISORY CIVIL ENGINEER 23-AUG-2000				18. APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JEROME M WOODS SUPERVISORY CIVIL ENGINEER 23-AUG-2000			
AUTHORIZATION							
19. ACCOUNTING CITATION <div style="background-color: black; width: 400px; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> 50% </div> <div style="display: flex; justify-content: space-between;"> 50% </div>							
20. ORDER AUTHORIZING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JANICE L WZOREK PORT CROOK AREA OFFICE USACE P.O. BOX 13287 OFFUTT, AFB, NE 68113						21. DATE ISSUED 23-AUG-2000	
						22. TRAVEL ORDER NUMBER 006654G6	

Action Edit Block Field Record Query ESIG Help

Obligation No: 99/EOY/AUG-SEP#3

Delivery Order: NA

Obligation LI: 0009

Freight: ☐

Amend No: 001

Amend Date: 04-OCT-2000

Fast Pay: ☐

Work Item: 002DCM

Fund Account: G625294

Progress Pay: ☐

Fund Citation: 96NAX3122

AMSCO: 015558

Resource: TRANSPER

Description: COMMERCIAL TRANSPORTATION

MOA: C2

Allot: 2417

EOR: 21T1

<PGDN> To Execute RV or Debt Bill Query

RV No	Reference No	Cert Date	Disb Amount	DOV No	Check No	Pmt Meth
8	NATIONSBANK22399	06-OCT-2000	143.75	183688	723934	TCHEC

RR

Invoice

Progress Pmts

RV

AP Transaction

Check Register

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Record: 1/1

Action Edit Block Field Record Query ESIG Help

Assigned Check No: 723934

Check No Trace: 1800081593

Replacement No:

Pmt Method: TCHEC

DSSN: 8736

Ea?: ☐

Type: CONTRACT

FOA Code: C6

Check Date: 06-OCT-2000

Reference No: 99/EOY/AUG-SEP#2

Amount: 75570.61

Currency: US

Status: PRINTED

FC Amount: .000000

Payee: NATIONS BANK CARD SERVICE

P O BOX 650785

DALLAS, TX 75265-0785

Certified By: MORGAN, JAMES R SR

Date Signed: 06-OCT-2000

Initial Signature: 66A5A39A5BBCD42A39D

Disbursing Officer's Signature: A9CCB422960C0F5139D

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Press F2 to enter a query.

Record: 2/2

CIC #: 99EPA SUPERFUND
BILLED DATE 29-SEP-2000
CUSTOMER ORDER NUMBER DW96947840-0560
(DW96947840 - RAPID RESPONSE AT SAUGET AREA, IL IL980792006)

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

PAGE NO. 001

ACCOUNTS OF
*
*
*
*
*
*
*
*
*
*
*
*
*
*

D.O.VOUCHER NO. BU VOUCHER NO. BILL NO. PAID BY CHECK NO. COLLECTION VOU. NO.
28027068
PARTIAL # 24 01-SEP-2000 THRU 29-SEP-2000

BILLED OFFICE (MAIL TO):
CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):
USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER
MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

BILLING ACCOUNTING CLASSIFICATION

68 20 X 8145.0000 1999 00 0000 NA NA \$119,422.17 96252 \$119,422.17

LINE ITEM	MOA	DESCRIPTION
000001	CONTRACT - OUTSIDE GOVERNMENT	
000001	CONTRACT - OUTSIDE GOVERNMENT	
000001	INHOUSE - OTHER RESOURCES	
000001	INHOUSE - LABOR	
000001	INHOUSE - LABOR	
000001	INHOUSE - LABOR	

SUBTOTAL

PARTIAL AMOUNT PAID \$119,422.17

PAYMENT DUE DATE 29-OCT-2000

PAY THIS AMOUNT \$.00

FUNDS AUTHORIZED: \$529,400.00
TOTAL BILLED AMOUNT: \$348,299.14
PREVIOUS BILLED AMOUNT: \$228,876.97
CURRENT BILLED AMOUNT: \$119,422.17
TOTAL FLUX BILLED: \$.00
PREVIOUS FLUX BILLED: \$.00
CURRENT FLUX BILLED: \$.00

CERTIFICATE OF OFFICE BILLED
I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS
STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE,
OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

DATE

AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

TRANSACTION LISTING
OMAHA DISTRICT

CUSTOMER ORDER: DW96947840-0560

ACCOUNTING PERIOD: 09-2000

CONTRACT - OUTSIDE GOVERNMENT

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
18-SEP-2000	W59XQG02361796	99/EOY/AUG-SEP#3	NA		0009	TRANSPER		\$143.75
19-SEP-2000	W59XQG02361796	006654G6	NA		1	TRANSPER		\$142.96
21-SEP-2000	W59XQG90122578	DACA45-98-D-0004	0006		0001	CONSTSVCS		\$12,762.51
21-SEP-2000	W59XQG90122578	DACA45-98-D-0004	0006		0001	CONSTSVCS		\$103,225.78
SUBTOTAL COST:								\$116,275.00

INHOUSE - OTHER RESOURCES

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
20-SEP-2000	W59XQG02634657					RAPIDUSER		\$166.39
SUBTOTAL COST:								\$166.39

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor \$	G&A \$	Indirect \$	Total
11-SEP-2000	L66586	08-SEP-2000		1	RG				\$80.55
12-SEP-2000	L66586	11-SEP-2000		1	RG				\$80.55
15-SEP-2000	L66586	12-SEP-2000		2	RG				\$161.14
18-SEP-2000	L66586	15-SEP-2000		16	RG				\$1,288.87
19-SEP-2000	L66586	19-SEP-2000		2	RG				\$161.14
22-SEP-2000	L66586	22-SEP-2000		6	RG				\$483.42
26-SEP-2000	L66586	29-SEP-2000		9	RG				\$725.11
SUBTOTAL CO						\$1,565.53	\$402.33	\$1,012.92	\$2,980.78
TOTAL COST:								\$119,422.17	

 *** END OF REPORT - 21-DEC-2001 - 11:01 - SID G6CEFMP1 ***

v2.1.6 ---- TRAVEL ACCOUNTS PAYABLE TRANSACTION VIEW SCREEN ----- 3.92 --+
TRVL ORDER/OBLIG: 900313G6 FUND TYPE: F SAACONS SITE ID: |
TRVL ORD AMEND: 0 APPROP STATUS: C DEBTOR BILL NO: |
VCHR SEQ NO: 1 APPROP TYPE: C TRANS DATE: 21-OCT-1998 |
VCHR AMEND NO: 0 EAID: WORK CAT: 01A10 EFF DATE: 21-OCT-1998 |
SETLMNT AMEND NO: 0 WORK CAT ELEM: 99998 RESOURCE PLAN: 1 |
LINE ITEM NO: 1 FUND WORK ITEM: 002DCL COST TYPE: WIP |
TRVLR/VENDOR ID: GOUGT3557 RESOURCE CODE: TRANSPER ACCT PHSE: E5A |
FAR ORDER NO: DW96947840-0560 MOA: C2 TBO DISB.: N |
MGT STRUCTURE: 015558 EOR: 21T2 TRANS TYPE: APR |
APPROPRIATION: PERIOD: 199810 |
TRANSACTION ID: 1634182 SOURCE: TRVLCERT GL NOT POSTED?: |

GL ACCT	DR/CR	ACCOUNT NAME	DEBIT AMT	CREDIT AMT
1311.25	D		49.50	
4252.00	D		49.50	
4821.00	D		49.50	
6500.32	D		49.50	
2113.00	C			49.50
4232.00	C			49.50

+ <F2> ENTER QUERY ----- <F3> EXECUTE QUERY ----- <F10> EXIT --+

TRAVEL VOUCHER OR SUBVOUCHER				TV NO: 1 AMEND NO: 0							
1. PAYMENT REQUIRED BY				2. TYPE OF PAYMENT				3. FOR DO USE ONLY			
<input type="checkbox"/> CASH <input checked="" type="checkbox"/> CHECK <input type="checkbox"/> ELECTRONIC FUND TRANSFER				<input checked="" type="checkbox"/> TDY/TAD <input type="checkbox"/> PCS MEMBER / EMPLOYEE <input type="checkbox"/> OTHER <input type="checkbox"/> DEPENDENT(S) <input type="checkbox"/> DLA				a. DO VOUCHER NO. 0000117490			
4. NAME (Last, First, Middle Initial) GOUGER, TIMOTHY P				5. GRADE 12		6. SSN Privacy Act Data		b. SUBVOUCHER NO.			
7. ADDRESS a. NUMBER AND STREET Privacy Act Information.				b. CITY Privacy Act Information.		c. STATE		d. ZIP CODE		c. PAID BY 8736 22Oct1998 USACE FINANCE CENTER	
8. TELEPHONE NUMBER 402-293-2514		9. TRAVEL ORDER NUMBER 900313G6 15Oct1998		10. PREVIOUS PAYMENTS/ADVANCES \$.00							
11. ORGANIZATION AND STATION RAPID RESPONSE RESIDENT O											
12. DEPENDENT(S)				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS SEE ATTACHED (IF APPLICABLE)							
<input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED SEE ATTACHED (IF APPLICABLE)				14. HOUSEHOLD GOODS SHIPPED <input type="checkbox"/> YES <input type="checkbox"/> NO							
15. ITINERARY											
DATE	LOCAL TIME	PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OF MEALS Gov't Ded		POC MILES			
1998											
10/19	DEP 0600	RESIDENCE NEBRASKA	PA								
10/19	ARR 0630	AIRPORT NEBRASKA		AT							
10/19	DEP 0655	AIRPORT NEBRASKA	TP								
10/19	ARR 0815	CHICAGO / DU PAGE, COOK & LAKE		TD							
10/19	DEP 1625	CHICAGO / DU PAGE, COOK & LAKE	CA								
10/19	ARR 1740	AIRPORT NEBRASKA		AT							
10/19	DEP 1755	AIRPORT NEBRASKA	TP								
10/19	ARR 1825	RESIDENCE NEBRASKA		MC							
	DEP										
	ARR										
	DEP										
	ARR										
16. REIMBURSABLE EXPENSES						17. LEAVE		e. SUMMARY OF PAYMENT			
DATE	b. NATURE OF EXPENSE		c. AMOUNT	b. ALLOWED	a. DAYS	b. HOURS					
19Oct1998	MILEAGE TO/FROM AIRPORT		\$ 9.75				(1) Per Diem \$31.50				
19Oct1998	PARKING FEES - AIRPORT		\$ 5.25				(2) Actual Expense				
19Oct1998	TRANSPORTATION - SUBWAY		\$ 3.00				(3) Mileage				
							(4) Dependent Travel				
							(5) DLA				
							(6) Reimbursable Expense \$18.00				
							(7) Total \$49.50				
							(8) Less Advance				
							(9) Amount Owed				
							(10) Amount Due \$49.50				
18. POC TRAVEL:				OWNER/OPERATOR		PASSENGER		19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)			
20. Long distance telephone calls are certified as necessary in the interest of the government.						a. GTR/MTA NO.		b. FROM		c. TO	
APPROVING OFFICER (31 USC 1348(b))						1194096181		OMAHA / DOUGLAS NEB		CHICAGO / DU PAGE,	
21.a. CLAIMANT SIGNATURE				b. DATE		22.a. APPROVING OFFICER SIGNATURE /ELECTRONICALLY SIGNED BY/ JEROME M WOODS				b. DATE 20Oct1998	
23. ACCOUNTING CLASS											
96252 G625294 002DCL 100 % FUNDED											
24. COLLECTION DATA											
25. COMPUTED BY SHELIA DACQUISTO		26. AUDITED BY JUDITH MORGAN		27. TRVL ORD POSTED BY		28. RECEIVED (Payee signature and date or check no.) 246593 22Oct1998		29. AMOUNT PAID \$49.50			

TRAVEL VOUCHER OR SUBVOUCHER

Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter.

1. PAYMENT REQUIRED BY (X one) <input type="checkbox"/> CASH <input checked="" type="checkbox"/> CHECK <input type="checkbox"/> ELECTRONIC FUND TRANSFER				2. TYPE OF PAYMENT (X as applicable) <input checked="" type="checkbox"/> TDY/TAD <input type="checkbox"/> PCS <input type="checkbox"/> Member/ <input type="checkbox"/> Dependent(a) <input type="checkbox"/> DLA <input type="checkbox"/> OTHER				3. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER c. PAID BY d. COMPUTATIONS 																																																																																																																																																																			
4. NAME (Last, First, Middle Initial) (Print or type) Gouger Timothy P				5. GRADE GS 12		6. SSN [REDACTED]		7. ADDRESS (Last, First, Middle Initial) (Print or type) [REDACTED]																																																																																																																																																																			
8. TELEPHONE NUMBER (Include Area Code) [REDACTED]				9. TRAVEL ORDER NUMBER 90031366		10. PREVIOUS PAYMENTS/ADVANCES 																																																																																																																																																																					
11. ORGANIZATION AND STATION CENWJ-CP-FC				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) 																																																																																																																																																																							
12. DEPENDENT(S) (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input checked="" type="checkbox"/> UNACCOMPANIED a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. DATE OF BIRTH OR MARRIAGE				14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (Explain in Remarks)																																																																																																																																																																							
15. ITINERARY <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>3. DATE</th> <th>4. LOCAL TIME (24 hour)</th> <th>5. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)</th> <th>6. MEANS/MODE OF TRAVEL</th> <th>7. REASON FOR STOP</th> <th colspan="2">8. NUMBER OF MEALS</th> <th>9. POC MILES</th> </tr> <tr> <th></th> <th></th> <th></th> <th></th> <th></th> <th>(1) Gov't (B-L-D)</th> <th>(2) Ded (B-L-D)</th> <th></th> </tr> </thead> <tbody> <tr> <td>10/19</td> <td>DEP</td> <td>Home</td> <td>PA</td> <td>AT</td> <td></td> <td></td> <td>15</td> </tr> <tr> <td></td> <td>ARR</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>DEP</td> <td>Eggle</td> <td>CP</td> <td>TD</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ARR</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>DEP</td> <td>Chicago IL</td> <td>CP</td> <td>AT</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ARR</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>DEP</td> <td>Eggle</td> <td>PA</td> <td>MC</td> <td></td> <td></td> <td>15</td> </tr> <tr> <td></td> <td>ARR</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>DEP</td> <td>Home</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ARR</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>DEP</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ARR</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>DEP</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ARR</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>DEP</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ARR</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										3. DATE	4. LOCAL TIME (24 hour)	5. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	6. MEANS/MODE OF TRAVEL	7. REASON FOR STOP	8. NUMBER OF MEALS		9. POC MILES						(1) Gov't (B-L-D)	(2) Ded (B-L-D)		10/19	DEP	Home	PA	AT			15		ARR								DEP	Eggle	CP	TD					ARR								DEP	Chicago IL	CP	AT					ARR								DEP	Eggle	PA	MC			15		ARR								DEP	Home							ARR								DEP								ARR								DEP								ARR								DEP								ARR							16. REIMBURSABLE EXPENSES <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>a. DATE</th> <th>b. NATURE OF EXPENSE</th> <th>c. AMOUNT</th> <th>d. ALLOWED</th> </tr> </thead> <tbody> <tr> <td>10/19</td> <td>Transportation "L"</td> <td>\$3.00</td> <td></td> </tr> <tr> <td></td> <td>Quarters</td> <td>\$5.25</td> <td></td> </tr> <tr> <td></td> <td>ANC 300 1.325</td> <td>\$2.75</td> <td></td> </tr> </tbody> </table>		a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	10/19	Transportation "L"	\$3.00			Quarters	\$5.25			ANC 300 1.325	\$2.75	
3. DATE	4. LOCAL TIME (24 hour)	5. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	6. MEANS/MODE OF TRAVEL	7. REASON FOR STOP	8. NUMBER OF MEALS		9. POC MILES																																																																																																																																																																				
					(1) Gov't (B-L-D)	(2) Ded (B-L-D)																																																																																																																																																																					
10/19	DEP	Home	PA	AT			15																																																																																																																																																																				
	ARR																																																																																																																																																																										
	DEP	Eggle	CP	TD																																																																																																																																																																							
	ARR																																																																																																																																																																										
	DEP	Chicago IL	CP	AT																																																																																																																																																																							
	ARR																																																																																																																																																																										
	DEP	Eggle	PA	MC			15																																																																																																																																																																				
	ARR																																																																																																																																																																										
	DEP	Home																																																																																																																																																																									
	ARR																																																																																																																																																																										
	DEP																																																																																																																																																																										
	ARR																																																																																																																																																																										
	DEP																																																																																																																																																																										
	ARR																																																																																																																																																																										
	DEP																																																																																																																																																																										
	ARR																																																																																																																																																																										
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED																																																																																																																																																																								
10/19	Transportation "L"	\$3.00																																																																																																																																																																									
	Quarters	\$5.25																																																																																																																																																																									
	ANC 300 1.325	\$2.75																																																																																																																																																																									
17. LEAVE <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>a. DAYS</th> <th>b. HOURS</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>				a. DAYS	b. HOURS			19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>a. GTR/MTA NO.</th> <th>b. FROM</th> <th>c. TO</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>						a. GTR/MTA NO.	b. FROM	c. TO																																																																																																																																																											
a. DAYS	b. HOURS																																																																																																																																																																										
a. GTR/MTA NO.	b. FROM	c. TO																																																																																																																																																																									
20. LONG DISTANCE TELEPHONE CALLS ARE CERTIFIED AS NECESSARY IN THE INTEREST OF THE GOVERNMENT. APPROVING OFFICER (31 USC 1348(b)) [Signature]				22. APPROVING OFFICER SIGNATURE [Signature]																																																																																																																																																																							
21. CLAIMANT SIGNATURE [Signature]				23. ACCOUNTING CLASSIFICATION		24. COLLECTION DATA																																																																																																																																																																					
25. COMPUTED BY		26. AUDITED BY		27. TRAVEL ORDER POSTED BY		28. RECEIVED (Payee Signature and Date or Check No.)		29. AMOUNT PAID																																																																																																																																																																			

3
B
M
N

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as indicated in items 2 through 21						1. DATE OF REQUEST 20-OCT-1998	
REQUEST FOR OFFICIAL TRAVEL							
2.NAME (Last,First,Middle Initial) SSN GOUGER, TIMOTHY P				3.POSITION TITLE AND GRADE OR RATING ENVIRONMENTAL ENGINEER GS12			
4.OFFICIAL STATION RAPID RESPONSE RESIDENT OFFICE OFFUTT, AFB, NE				5.ORGANIZATIONAL ELEMENT CENWO-CD-PC-R		6.PHONE NO. 402-293-2514	
7.TYPE OF ORDERS TEMPORARY DUTY		8.SECURITY CLEARANCE 		9.PURPOSE OF TDY TECH SUPPORT CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL			
10a.APPROX NO. DAYS OF TDY (Including travel time) 1		b.PROCEED O/A (DATE) 22-OCT-1998					
11.ITINERARY <input checked="" type="checkbox"/> VARIATION AUTHORIZED LEG: 1 OF 1 AMENDMENT NUMBER: 1 FROM: OMAHA / DOUGLAS NEBRASKA PROCEED ON 22-OCT-1998 AT 600 HRS TO : CHICAGO / DU PAGE, COOK & LAKE ILLINOIS DEPART ON 22-OCT-1998 AT 1900 HRS							
12.MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE							
COMMERCIAL				GOVERNMENT		PRIVATELY OWNED CONVEYANCE (Check one)	
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: 0.0000
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)						<input type="checkbox"/> More advantageous to government Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.	
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM(Specify)							
14.ESTIMATED COST						15.ADVANCE AUTHORIZED	
PER DIEM \$42.00		TRAVEL \$216.00		OTHER \$75.00		TOTAL \$333.00	
\$.00							
16.REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) See Attached For Additional Remarks TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.							
17.REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN SUPERVISORY CIVIL ENGINEER 20-OCT-1998				18.APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JEROME M WOODS SUPERVISORY CIVIL ENGINEER 20-OCT-1998			
AUTHORIZATION							
19.ACCOUNTING CITATION <div style="background-color: black; width: 400px; height: 15px; margin-bottom: 5px;"></div> 100%							
20.ORDER AUTHORIZING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JANICE L WZOREK PORT CROOK AREA OFFICE USACE P.O. BOX 13287 OFFUTT, AFB, NE68113						21.DATE ISSUED 21-OCT-1998 22.TRAVEL ORDER NUMBER 900314G6	

U.S. ARMY CORPS OF ENGINEERS
REQUEST FOR OFFICIAL TRAVEL

DATE ISSUED
20-OCT-1998

NAME (Last, First)
GOUGER, TIMOTHY P

TRAVEL ORDER NUMBER
900314G6

16. REMARKS

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC
KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE
RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as indicated in items 2 through 21							1. DATE OF REQUEST 15-OCT-1998	
REQUEST FOR OFFICIAL TRAVEL								
2. NAME (Last, First, Middle Initial) SSN GOUGER, TIMOTHY P				3. POSITION TITLE AND GRADE OR RATING ENVIRONMENTAL ENGINEER GS12				
4. OFFICIAL STATION RAPID RESPONSE RESIDENT OFFICE OFFUTT, AFB, NE				5. ORGANIZATIONAL ELEMENT CENWO-CD-FC-R		6. PHONE NO. 293-2500		
7. TYPE OF ORDERS TEMPORARY DUTY			8. SECURITY CLEARANCE 19-OCT-1998		9. PURPOSE OF TDY TECH SUPPORT CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL			
10a. APPROX NO. DAYS OF TDY (Including travel time) 1			b. PROCEED O/A (DATE)					
11. ITINERARY <input checked="" type="checkbox"/> VARIATION AUTHORIZED LEG: 1 OF 1 AMENDMENT NUMBER: 0 FROM: OMAHA / DOUGLAS NEBRASKA PROCEED ON 19-OCT-1998 AT 600 HRS TO : CHICAGO / DU PAGE, COOK & LAKE ILLINOIS DEPART ON 19-OCT-1998 AT 1900 HRS								
12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE								
COMMERCIAL				GOVERNMENT			PRIVATELY OWNED CONVEYANCE (Check one)	
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE:	
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)							<input type="checkbox"/> More advantageous to government	
							<input type="checkbox"/> Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.	
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)								
14. ESTIMATED COST							15. ADVANCE AUTHORIZED	
PER DIEM \$42.00		TRAVEL \$216.00		OTHER \$75.00		TOTAL \$333.00		\$.00
16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED. IF TRIP IS CANCELLED OR CHANGED, TRAVELER IS LIABLE FOR ISSUED/UNUSED TICKETS UNTIL TURNED IN WITH TVL VOUCHER OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVERNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT. TRAVEL ADVANCE MUST BE SETTLED WITHIN 15 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.								
17. REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN SUPERVISORY CIVIL ENGINEER 15-OCT-1998					18. APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JEROME M WOODS SUPERVISORY CIVIL ENGINEER 15-OCT-1998			
AUTHORIZATION								
19. ACCOUNTING CITATION <div style="background-color: black; width: 400px; height: 20px; margin-bottom: 5px;"></div> <div style="float: right;">100%</div>								
20. ORDER AUTHORIZING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JANICE L WZOREK FORT CROOK AREA OFFICE USACE P.O. BOX 13287 OFFUTT, AFB, NE 68113						OR AUTHENTICATION SUPPORT ASSISTANT (OA)		
						21. DATE ISSUED 16-OCT-1998		
						22. TRAVEL ORDER NUMBER 900313G6		

Action Edit Block Field Record Query ESIG Help

Assigned Check No: 1800028827

Check No Trace: 1800028827

Replacement No:

Pmt Method: TCHEC

DSSN: 8736

Ea?: ☐

Type: TRV SETLMT

FOA Code: G6

Check Date: 22-OCT-1998

Reference No: 900313G6

Amount: 49.50

Currency: US

Status: PRINTED

FC Amount:

Payee: TIMOTHY P GOUGER

Certified By: MORGAN, JAMES R SR

Date Signed: 22-OCT-1998

Initial Signature: 917F713264C7870F362

Disbursing Officer's Signature: 8D12557780136FF0

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Press F2 to enter a query.

Record: 2/?

GL ACCT	DR/CR	ACCOUNT NAME	DEBIT AMT	CREDIT AMT
1311.25	D		18.55	
4252.00	D		18.55	
4821.00	D		18.55	
6500.32	D		18.55	
2113.00	C			18.55
4232.00	C			18.55

<Replace>

TRAVEL VOUCHER OR SUBVOUCHER				TV NO: 1 AMEND NO: 0							
1. PAYMENT REQUIRED BY				2. TYPE OF PAYMENT				3. FOR DO USE ONLY			
<input type="checkbox"/> CASH <input checked="" type="checkbox"/> CHECK <input type="checkbox"/> ELECTRONIC FUND TRANSFER				<input checked="" type="checkbox"/> TDY/TAD <input type="checkbox"/> PCS MEMBER / EMPLOYEE <input type="checkbox"/> OTHER <input type="checkbox"/> DEPENDENT(S) <input type="checkbox"/> DLA				a. DO VOUCHER NO. 0000118292			
4. NAME (Last, First, Middle Initial) GOUGER, TIMOTHY P				5. GRADE 12		6. SSN Privacy Act Data		b. SUBVOUCHER NO.			
7. ADDRESS a. NUMBER AND STREET Privacy Act Information.				b. CITY Privacy Act Information.		c. STATE		d. ZIP CODE		c. PAID BY 8736 27Oct1998 USACE FINANCE CENTER	
8. TELEPHONE NUMBER 402-293-2514		9. TRAVEL ORDER NUMBER 90031406 20Oct1998		10. PREVIOUS PAYMENTS/ADVANCES \$.00							
11. ORGANIZATION AND STATION RAPID RESPONSE RESIDENT O											
12. DEPENDENT(S)				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS SEE ATTACHED (IF APPLICABLE)							
<input type="checkbox"/> ACCOMPANIED				<input type="checkbox"/> UNACCOMPANIED							
SEE ATTACHED (IF APPLICABLE)				14. HOUSEHOLD GOODS SHIPPED <input type="checkbox"/> YES <input type="checkbox"/> NO							
15. ITINERARY											
DATE	LOCAL TIME	PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OF MEALS Gov't Ded		POC MILES			
1998											
10/22	DEP 0600	RESIDENCE NEBRASKA	PA								
10/22	ARR 0630	OMAHA / DOUGLAS NEBRASKA		AT							
10/22	DEP 0655	OMAHA / DOUGLAS NEBRASKA	TP								
10/22	ARR 0820	CHICAGO / DU PAGE, COOK & LAKE		TD							
10/22	DEP 1425	CHICAGO / DU PAGE, COOK & LAKE	CB								
10/22	ARR 1545	OMAHA / DOUGLAS NEBRASKA		AT							
10/22	DEP 1555	OMAHA / DOUGLAS NEBRASKA	TP								
10/22	ARR 1615	RESIDENCE NEBRASKA		MC							
	DEP										
	ARR										
	DEP										
	ARR										
16. REIMBURSABLE EXPENSES						17. LEAVE					
DATE	b. NATURE OF EXPENSE			c. AMOUNT	b. ALLOWED	a. DAYS	b. HOURS				
22Oct1998	MILEAGE TO/FROM AIRPORT			\$ 9.75							
22Oct1998	MISCELLANEOUS - SPECIFY IN REMARKS			\$.55		c. TAKEN BETWEEN					
22Oct1998	PARKING FEES - AIRPORT			\$ 5.25							
22Oct1998	TRANSPORTATION - BUS			\$ 3.00		d. AND					
						e. SUMMARY OF PAYMENT (1) Per Diem (2) Actual Expense (3) Mileage (4) Dependent Travel (5) DLA (6) Reimbursable Expense \$18.55 (7) Total \$18.55 (8) Less Advance (9) Amount Owed (10) Amount Due \$18.55					
18. POC TRAVEL:		OWNER/OPERATOR			PASSENGER	19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)					
20. Long distance telephone calls are certified as necessary in the interest of the government.						a. GTR/MTA NO.	b. FROM		c. TO		
APPROVING OFFICER (31 USC 1348(b))						1194096182	OMAHA / DOUGLAS NEB		CHICAGO / DU PAGE,		
21.a. CLAIMANT SIGNATURE				b. DATE	22.a. APPROVING OFFICER SIGNATURE /ELECTRONICALLY SIGNED BY/ JEROME M WOODS				b. DATE 23Oct1998		
23. ACCOUNTING CLASS						96252	G625294	002DCL	000 * FUNDED		
						96252	G625294	002DCM	100 * FUNDED		
24. COLLECTION DATA											
25. COMPUTED BY SHELIA DACQUISTO		26. AUDITED BY JUDITH MORGAN		27. TRVL ORD POSTED BY		28. RECEIVED (Payee signature and date or check no.) 249253 27Oct1998			29. AMOUNT PAID \$18.55		

TRAVEL VOUCHER OR SUBVOUCHER

Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in Remarks.

1. PAYMENT REQUIRED BY (X one)

2. TYPE OF PAYMENT (X as applicable)

2. FOR D.O. USE ONLY

CASH ☐ CHECK ☒
ELECTRONIC FUND TRANSFER

☒ TOY/TAD ☐ PCS ☐ Member/Employee ☐ Dependent(s) ☐ OLA

a. D.O. VOUCHER NUMBER

4. NAME (Last, First, Middle Initial) (Print or type)

5. GRADE

6. SSN

b. SUBVOUCHER NUMBER

7. ADDRESS (Number and Street)

8. CITY

9. STATE

10. ZIP CODE

c. PAID BY

8. TELEPHONE NUMBER (Include)

9. TRAVEL ORDER NUMBER

10. PREVIOUS PAYMENTS/ADVANCES

11. ORGANIZATION AND STATION

12. DEPENDENT(S) (X and complete as applicable)

13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)

ACCOMPANIED

UNACCOMPANIED

a. NAME (Last, First, Middle Initial)

b. RELATIONSHIP

c. DATE OF BIRTH OR MARRIAGE

14. HAVE HOUSEHOLD GOODS BEEN SHIPPED?

(X one)

YES ☒

NO (Explain in Remarks)

d. COMPUTATIONS

15. ITINERARY

a. DATE 1998	b. LOCAL TIME (24 hour)	c. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	d. MEANS/ MODE OF TRAVEL	e. REASON FOR STOP	f. NUMBER OF MEALS (1) Gov't (B-L-O) (2) Dtd (B-L-O)	g. POC MILES
10/22	DEP 0600	Home	PA	AT		15
	ARR 0630					
	DEP 0635	Eggle	CD	TD		
	ARR 0720					
	DEP 0725	Chicago IL	CP	AT		
	ARR 1545					
	DEP 1555	Eggle	PA	MX		15
	ARR 1615	Home				
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					

e. SUMMARY OF PAYMENT

(1) Per Diem

(2) Actual Expense Allowance

(3) Mileage

(4) Dependent Travel

(5) OLA

(6) Reimbursable Expenses

(7) Total

(8) Less Advance

(9) Amount Owed

(10) Amount Due

16. REIMBURSABLE EXPENSES

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED
10/22	Orange Line	\$3.00	
	Drinking	\$5.25	
	Atm	\$0.55	
	30 x .325	9.75	

17. LEAVE

a. DAYS	b. HOURS
c. TAKEN BETWEEN	
d. AND	

18. POC TRAVEL (X one)

OWN/OPERATE

PASSENGER

19. GOVERNMENT TRANSPORTATION REQUEST (GTR/MILITARY TRANSPORTATION AUTHORIZATION (MTA))

a. GTR/MTA NO.	b. FROM	c. TO

20. LONG DISTANCE TELEPHONE CALLS ARE CERTIFIED AS NECESSARY IN THE INTEREST OF THE GOVERNMENT.

APPROVING OFFICER
(31 USC 1348b)

21. CLAIMANT SIGNATURE

b. DATE

22. APPROVING OFFICER SIGNATURE

b. DATE

23. ACCOUNTING CLASSIFICATION

75% of 420 = \$0.35

24. COLLECTION DATA

25. COMPUTED BY

26. AUDITED BY

27. TRAVEL ORDER POSTED BY

28. RECEIVED (Payee Signature and Date or Check No.)

29. AMOUNT PAID

98-200-0045
PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE

CTANDW, 896252, COEOMA

PASSENGER RECEIPT

555181

8818869

A43

XXXXXXXXXX

ISSUED BY
SOUTHWEST AIRLINES
NAME OF ISSUING AGENT
ALNEBA TVL OMAHA
NAME OF PASSENGER
GOUGER/TIM
XO FROM
XO TO
ENDORSEMENTS/RESTRICTIONS

ARC

FLIGHT
CODE

XXXXX

TOUR CODE

OMAHA

PLACE OF ISSUE

NE

AGENT CODE

A28926122

NAME OF PASSENGER

GOUGER/TIM

FROM

ONW

WN1492 Y 220CTYCANDW

ONW WN1838 Y 220CTYCANDW

TO *****

CARRIER *****

CARRIER FLIGHT CLASS DATE TIME

DATE SEAT BACKSET

FARE XF. 3.00
USD 170.38
TAX US 13.62
TAX ZP 4.00
TOTAL USD 191.00

SALES FARE PD.

STOCK CONTROL NO. TX 888 CK

52853474026

OPN

DOCUMENT NUMBER

0 526 1194096182 3

ALLOW PCB WT UNKND

IT IS UNLAWFUL TO PURCHASE OR SELL THIS TICKET WITHOUT ANY
EVIDENT FACT THAT THE PASSENGER CANNOT OBTAIN THE PASSENGER

NOT VALID FOR TRAVEL


0 526 1194096182 3

AA28926122

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL
(Reference: Joint Travel Regulations)
Travel Authorized as indicated in items 2 through 21

1. DATE OF REQUEST
20-OCT-1998

REQUEST FOR OFFICIAL TRAVEL

2. NAME (Last, First, Middle Initial) GOUGER, TIMOTHY P		SSN	3. POSITION TITLE AND GRADE OR RATING ENVIRONMENTAL ENGINEER GS12					
4. OFFICIAL STATION RAPID RESPONSE RESIDENT OFFICE OFFUTT, AFB, NE		5. ORGANIZATIONAL ELEMENT CENWO-CD-PC-R		6. PHONE NO. 293-2500				
7. TYPE OF ORDERS TEMPORARY DUTY		8. SECURITY CLEARANCE		9. PURPOSE OF TDY TECH SUPPORT CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL				
10a. APPROX NO. DAYS OF TDY (Including travel time) 1		b. PROCEED O/A (DATE) 22-OCT-1998						
11. ITINERARY LEG: 1 OF 1 AMENDMENT NUMBER: 1 FROM: OMAHA / DOUGLAS NEBRASKA PROCEED ON 22-OCT-1998 AT 600 HRS TO : CHICAGO / DU PAGE, COOK & LAKE ILLINOIS DEPART ON 22-OCT-1998 AT 1900 HRS								
12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE								
COMMERCIAL		GOVERNMENT		PRIVATELY OWNED CONVEYANCE (Check one)				
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE:	
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)				<input type="checkbox"/> More advantageous to government Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.				
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)								
14. ESTIMATED COST				15. ADVANCE AUTHORIZED				
PER DIEM	\$42.00	TRAVEL	\$216.00	OTHER	\$75.00	TOTAL	\$333.00	\$.00
16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED. IF TRIP IS CANCELLED OR CHANGED, TRAVELER IS LIABLE FOR ISSUED/UNUSED TICKETS UNTIL TURNED IN WITH TVL VOUCHER OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVERNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT. TRAVEL ADVANCE MUST BE SETTLED WITHIN 15 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.								
17. REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN SUPERVISORY CIVIL ENGINEER 20-OCT-1998				18. APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JEROME M WOODS SUPERVISORY CIVIL ENGINEER 20-OCT-1998				
AUTHORIZATION								
19. ACCOUNTING CITATION  100%								
20. ORDER AUTHORIZING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JANICE L WZOREK FORT CROOK AREA OFFICE USACE P.O. BOX 13287 OFFUTT, AFB, NE 68113				OR AUTHENTICATION SUPPORT ASSISTANT (OA)		21. DATE ISSUED 21-OCT-1998		
						22. TRAVEL ORDER NUMBER 900314G6		

Action Edit Block Field Record Query ESIG Help

Assigned Check No: 249058

Check No Trace: 1800029109

Replacement No:

Pmt Method: TCHEC DSSN: 8736

Ea?: ☐

Type: TRV SRTLMT

FOA Code: C6

Check Date: 27-OCT-1998

Reference No: 900314C6

Amount: 18.55

Currency: US

Status: PRINTED

FC Amount:

Payee: TIMOTHY P GOUGER

Certified By: RYE, MICHAEL T

Date Signed: 27-OCT-1998

Initial Signature: 96422A958E2C7CFC363

Disbursing Officer's Signature: 3CD3B4828618E7A5

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Press F2 to enter a query.

Record: 1/?

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 09:34:25

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 10/24/1998

PAY PERIOD ENDING: 10/24/1998

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	10/11	10/12	10/13	10/14	10/15	10/16	10/17	10/18	10/19	10/20	10/21	10/22	10/23	10/24	Total
B00594							8.00	8.00	8.00	8.00				8.00	8.00		8.00			56.00
L28473														8.00			8.00			16.00
LEAVE							8.00													8.00

*The above hours were ELECTRONICALLY SIGNED ON: 26-OCT-1998

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:						8.00	8.00	8.00	8.00	8.00				8.00	8.00	8.00	8.00	8.00		80.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	--	------	------	------	------	------	--	-------

REG=	72.00	HOL=	OVT=	ALV=	OLV=	NON=	8.00	SP-RATE-HRS=
------	-------	------	------	------	------	------	------	--------------

FOR THESE WORK ITEMS:

002DCL SAUGET AREA, IL (RAPID RESPONSE)

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 10/11/1998

LABOR-COST TO : 10/24/1998

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
GOUGER T								80.00	Y

 *** END OF REPORT - 27-DEC-2000 - 09:34 - SID G6CEFMP1 ***

+--- v2.1.9 ----- ACCOUNTS PAYABLE TRANSACTION VIEW SCREEN ----- 3.34 ---+
| OBLI NO: 99/5-13-1999C FUND TYPE: F FAST PAY: REVERSAL: |
| DELIV. ORDER NO: NA APPROP STATUS: C RCVR: |
| LINE ITEM NO: 0013 APPROP TYPE: ? DEBTOR BILL NO: |
| RECEIVING RPT NO: EAID NO: MOA: C2 ACCT PHASE: E5A |
| INVOICE NO: ACCRUAL IND: EOR: 21T1 TRANS DATE: 26-AUG-1999 |
| FAR ORDER NO: DW96947840-0560 COST TYPE: WIP EFFECT DATE: 26-AUG-1999 |
| FUND WORK ITEM: 002DCL RESOURCE CODE: TRANSPER TBO DISB.: |
| RESOURCE PLAN: 1 WORK CATEGORY: 331Q0 TRANS TYPE: APR |
| MGT STRUCTURE: 015558 WORK CAT ELEM: 99998 PAYEE CLASS: |
| APPROPRIATION: PERIOD: 199908 |
| TRANSACTION ID: 2178022 GL CORR ID: AP910 GL NOT POSTED?: |
| PROP CAT CODE: SOURCE: GTRRECV TBO RPT NUMBER: |
+-----+
| GL ACCT DR/CR ACCOUNT NAME DEBIT AMT CREDIT AMT |
| 1311.25 D 123.00 |
| 4252.00 D 123.00 |
| 4821.00 D 123.00 |
| 6500.32 D 123.00 |
| 2113.00 C 123.00 |
+ <F2> ENTER QUERY ----- <F3> EXECUTE QUERY ----- <F10> EXIT ---+
Count: 19 ^ v <Replace>

Action Edit Block Field Record Query ESIG Help

Travel Order No: 903994C6

Employee: EMIL J BERAN

Travel Order Date: 22-APR-1999

Type: TEMPORARY DUTY

Obligation Line Items

Obligation	Obli Li No	Description	WI Cd	EOR	Approved Amount	Disbursed Amount	Travel Order Balance
903994C6	1	NON-GTR TRAVE	002DCL	21T2	133.03	133.03	0.00
99/5-13-1999C	0013	7633391458/39	002DCL	21T1	123.00	123.00	0.00

View Funding

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Press <F2> or <F3> to query travel orders, <PGDN> to view individual line items.

Record: 1/1

ORDER FOR SUPPLIES OR SERVICES						Form Approved OMB No. 0704-0187 Expires Aug 31, 1992		PAGE 1	
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, Va 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington DC 20503.									
1. CONTRACT/PURCH ORDER NO. 99/5-13-1999C		2. DELIVERY ORDER NO. NA		3. DATE OF ORDER. 26-AUG-1999		4. REQUISITION/PURCH REQUEST NO. W59XQG90889862		5. CERTIFIED FOR NATIONAL DEFENSE UNDER DMS REG 1	
6. ISSUED BY		CODE		7. ADMINISTERED BY		CODE		8. DELIVERY FOB [] DEST [] OTHER (See Schedule)	
9. CONTRACTOR VENDOR ID: NB22399		CODE		FACILITY CODE		10. DELIVER TO FOB POINT BY		11. MARK IF BUS. IS [] SMALL [] SMALL DIS-ADVANTAGED [] WOMEN-OWNED	
NATIONS BANK CARD #22399 4486160000022399 P O BOX 650785 DALLAS, TX 75265-0785						12. DISCOUNT TERMS			
						13. MAIL INVOICES TO See Block 15			
14. SHIP TO		CODE		15. PAYMENT WILL BE MADE BY		CODE		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
16. DELIVERY		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of the above numbered contract.							
PURCHASE		Reference your _____ furnish the following on terms specified herein.							
ACCEPTANCE. THE CONTRACT HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.									
<div style="display: flex; justify-content: space-between;"> NAME OF CONTRACTOR SIGNATURE TYPED NAME AND TITLE DATE SIGNED </div> <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: _____									
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE									
18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE	23. AMOUNT	
0001	7631639820/3349G6/BOWERS			.0000/		.0000	JB	\$.00	\$311.00
0002	7631639821/2781G6/WINSLOW			.0000/		.0000	JB	\$.00	\$311.00
*If quantity accepted by the Government is same as quantity ordered, indicate by x. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA			25. TOTAL		\$16,827.32
				BY: _____			29. DIFFERENCES		
				CONTRACTING/ORDERING OFFICER					
26. QUANTITY IN COLUMN 20 HAS BEEN [] INSPECTED [X] RECEIVED [] ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED 26-AUG-1999 /S/ DARLENE E SKINNER DATE SIGNATURE OF AUTHORIZED GOVERNMENT REP.				27. REC RPT NO 000001		28. D.O. VOUCHER NO. ** MULTIPLE **		30. INITIALS	
				[] PARTIAL [X] FINAL		32. PAID BY 8736		33. AMT VERIFIED CORRECT FOR \$311.00	
36. I certify this amount is correct and proper for payment				31. PAYMENT [] COMPLETE [] PARTIAL [] FINAL		09-SEP-99		34. CHECK NUMBER 0000473861	
DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER								35. BILL OF LADING NO.	
37. REC'D AT	38. RECEIVED BY DARLENE E SKINNER			39. DATE REC'D 26-AUG-1999	40. TOTAL CONT.	41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.	

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT	
0003	7631639832/3709G6/SPENCE	.0000/	.0000	JB	\$.00	\$455.00
0004	7631639833/	.0000/	.0000	JB	\$.00	\$455.00
0005	7631639822/23/3283G6/FISHER, L	.0000/	.0000	JB	\$.00	\$371.00
0006	7631639824/3093G6/SCHAEFER	.0000/	.0000	JB	\$.00	\$268.00
0007	7631639847/3193G6/STREIB	.0000/	.0000	JB	\$.00	\$359.00
0008	7633391446/3995G6/SCHMIDT	.0000/	.0000	JB	\$.00	\$377.00
0009	7633391436/3728G6/ADOLF	.0000/	.0000	JB	\$.00	\$635.00
0010	7633391441/3598G6/KAY	.0000/	.0000	JB	\$.00	\$123.00
0011	7633391442/3599G6/PRIDAL	.0000/	.0000	JB	\$.00	\$123.00
0012	7633391453/253G6/BULCAN	.0000/	.0000	JB	\$.00	\$123.00
0013	7633391458/3994G6/BERAN	.0000/	.0000	JB	\$.00	\$123.00
0014	7633391459/3997G6/THOMASON	.0000/	.0000	JB	\$.00	\$123.00
0015	7633391469/4012G6/LINDQUIST	.0000/	.0000	JB	\$.00	\$377.00
0016	76343391469/70/4003G6/BUSS	.0000/	.0000	JB	\$.00	\$346.00
0017	76343391469/70/4003G6/BUSS	.0000/	.0000	JB	\$.00	\$346.00
0018	7633391476/4033G6/KIRSCHBAUM	.0000/	.0000	JB	\$.00	\$377.00
0019	7633391477/4035G6/KIRSCHBAUM	.0000/	.0000	JB	\$.00	\$271.00
0020	7633391454/3966G6/MEAD	.0000/	.0000	JB	\$.00	\$509.00
0021	7633391463/4032G6/FOLKERS	.0000/	.0000	JB	\$.00	\$473.00
0022	7633391474/4041G6/DARLING	.0000/	.0000	JB	\$.00	\$377.00
0023	7635868265/4038G6/HOBZA	.0000/	.0000	JB	\$.00	\$411.00
0024	7635868266/4039G6/HERSE	.0000/	.0000	JB	\$.00	\$411.00
0025	7635868367/4057G6/WAGNER, G	.0000/	.0000	JB	\$.00	\$173.00
0026	7635868291/3989G6/DAVIES	.0000/	.0000	JB	\$.00	\$211.00
0027	7633391499/3489G6/JOHNSON, C	.0000/	.0000	JB	\$.00	\$425.00
0028	7633391492/4028G6/HINES	.0000/	.0000	JB	\$.00	\$271.00
0029	7633391495/4005G6/STONER	.0000/	.0000	JB	\$.00	\$169.00
0030	7635868255/3868G6/DWORKIN	.0000/	.0000	JB	\$.00	\$211.00
0031	7635868385/256G6/VADER	.0000/	.0000	JB	\$.00	\$531.00
0032	7633391498/3678G6/BURNS	.0000/	.0000	JB	\$.00	\$381.00
0033	7635868340/254G6/COOPER	.0000/	.0000	JB	\$.00	\$379.00
0034	7635868355/4075G6/PAVLIK	.0000/	.0000	JB	\$.00	\$221.50
0035	7633391496/97/3743G6/BARTEL	.0000/	.0000	JB	\$.00	\$452.82
0036	7635868350/51/3046G6/RONFELDT	.0000/	.0000	JB	\$.00	\$433.00
0037	7635868253/54/CLEVELAND	.0000/	.0000	JB	\$.00	\$414.00
0038	7635868358/4040G6/MAO	.0000/	.0000	JB	\$.00	\$205.00
0039	7635868300/4068G6/MEIER	.0000/	.0000	JB	\$.00	\$377.00
0040	7635868308/3758G6/ANDERSEN	.0000/	.0000	JB	\$.00	\$435.00
0041	7635868309/10/3796G6/CHAEFER	.0000/	.0000	JB	\$.00	\$732.00
0042	7635868301/3981G6/MORONG	.0000/	.0000	JB	\$.00	\$597.00
0043	7635868302/3987G6/ANDERSON, P	.0000/	.0000	JB	\$.00	\$597.00
0044	7635868306/07/3468G6/ENGELBART	.0000/	.0000	JB	\$.00	\$256.00
0045	7635868306/07/3468G6/ENGELBART	.0000/	.0000	JB	\$.00	\$256.00
0046	7633391409/3924G6/GREENWOOD	.0000/	.0000	JB	\$.00	\$266.00
0047	7633391428/3985G6/STRATTON	.0000/	.0000	JB	\$.00	\$115.50
0048	7633391428/3985G6/STRATTON	.0000/	.0000	JB	\$.00	\$115.50
0049	7635868289/4071G6/WRIGHT	.0000/	.0000	JB	\$.00	\$379.00
0050	7633391430/3988G6/WESTENBURG	.0000/	.0000	JB	\$.00	\$169.00

USACE OMAHA DISTRICT
DARLENE SKINNER
215 N 17TH ST.
OMAHA NE 68102-4978

VISA ACCOUNT NUMBER [REDACTED]

Page 16 of 39

INDIVIDUAL CARDHOLDER ACTIVITY

OARP:STL SVC:Y DARP:OMA FR:		DEP:042899			
04-26	TWA AIRLINE 0157633391442OMAHA NE	04-22	123.00	DR	
REF:24717059113581130879698 MCC:3004 PHONE:					
NM:PRUDAL/D TKT:0157633391442 MVAT:					
OARP:OMA SVC:Y DARP:STL FR: DEP:042899					
OARP:STL SVC:Y DARP:OMA FR: DEP:042899					
04-26	TWA AIRLINE 0157633391453OMAHA NE	04-22	123.00	DR	
REF:24717059113581130879706 MCC:3004 PHONE:					
NM:VULCAN/B TKT:0157633391453 MVAT:					
OARP:OMA SVC:Y DARP:STL FR: DEP:042599					
OARP:STL SVC:Y DARP:OMA FR: DEP:042599					
04-26	TWA AIRLINE 0157633391458OMAHA NE	04-23	123.00	DR	
REF:24717059114581140507395 MCC:3004 PHONE:					
NM:BERANE TKT:0157633391458 MVAT:					
OARP:OMA SVC:Y DARP:STL FR: DEP:042799					
OARP:STL SVC:Y DARP:OMA FR: DEP:042799					
04-26	TWA AIRLINE 0157633391459OMAHA NE	04-23	123.00	DR	
REF:24717059114581140507403 MCC:3004 PHONE:					
NM:THOMASON/P TKT:0157633391459 MVAT:					
OARP:OMA SVC:Y DARP:STL FR: DEP:042799					
OARP:STL SVC:Y DARP:OMA FR: DEP:042799					
04-26	UNITED AIR 0167633391468OMAHA NE	04-23	377.00	DR	
REF:24792629114681931185530 MCC:3000 PHONE:					
NM:LINDQUIST/T TKT:0167633391468 MVAT:					
OARP:OMA SVC:Y DARP:DEN FR: DEP:042699					
OARP:DEN SVC:Y DARP:OMA FR: DEP:042699					
04-26	UNITED AIR 0167633391469OMAHA NE	04-23	692.00	DR	
REF:24792629114681931185548 MCC:3000 PHONE:					
NM:BUSS/M TKT:0167633391469 MVAT:					
OARP:OMA SVC:Y DARP:ORD FR: DEP:042699					
OARP:ORD SVC:H DARP:AZO FR: DEP:042699					
OARP:AZO SVC:HX DARP:DTW FR: DEP:042699					
OARP:DTW SVC:YO DARP:LGA FR: DEP:042699					
04-26	UNITED AIR 0167633391476OMAHA NE	04-23	377.00	DR	
REF:24792629114681931185563 MCC:3000 PHONE:					
NM:KIRSCHBAUM/J TKT:0167633391476 MVAT:					
OARP:OMA SVC:Y DARP:DEN FR: DEP:042599					
OARP:DEN SVC:Y DARP:OMA FR: DEP:042599					
04-26	UNITED AIR 0167633391477OMAHA NE	04-23	271.00	DR	
REF:24792629114681931185571 MCC:3000 PHONE:					
NM:KIRSCHBAUM/J TKT:0167633391477 MVAT:					
OARP:OMA SVC:Y DARP:ORD FR: DEP:042999					

3599

253

3994

3997

4012

4003

4033

4035

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as indicated in items 2 through 21						1. DATE OF REQUEST 22-APR-1999	
REQUEST FOR OFFICIAL TRAVEL							
2. NAME (Last, First, Middle Initial) SSN BERAN, EMIL J				3. POSITION TITLE AND GRADE OR RATING CHEMIST GS12			
4. OFFICIAL STATION CHEMISTRY SECTION OMAHA, NE				5. ORGANIZATIONAL ELEMENT CENWO-ED-GC		6. PHONE NO. 402-221-7748	
7. TYPE OF ORDERS TEMPORARY DUTY		8. SECURITY CLEARANCE		9. PURPOSE OF TDY SITE VISIT SAUGET SUPERFUND SITE CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL			
10a. APPROX NO. DAYS OF TDY (Including travel time) 2		10b. PROCEED O/A (DATE) 27-APR-1999					
11. ITINERARY <input checked="" type="checkbox"/> VARIATION AUTHORIZED LEG: 1 OF 1 AMENDMENT NUMBER: 0 FROM: OMAHA / DOUGLAS NE NEBRASKA PROCEED ON 27-APR-1999 AT 800 HRS TO : EAST ST. LOUIS/ST. CLAIR IL ILLINOIS DEPART ON 28-APR-1999 AT 1800 HRS							
12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE							
COMMERCIAL				GOVERNMENT		PRIVATELY OWNED CONVEYANCE (Check one)	
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: 0.0000
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)						<input type="checkbox"/> More advantageous to government	
						<input type="checkbox"/> Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.	
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)							
14. ESTIMATED COST						15. ADVANCE AUTHORIZED	
PER DIEM \$110.00		TRAVEL \$123.00		OTHER \$50.00		TOTAL \$283.00	
16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) See Attached For Additional Remarks TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.							
17. REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ MARY M JOHANSEN CHEMIST 22-APR-1999				18. APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JOHN W MONZINGO SUPERVISORY CIVIL ENGINEER 22-APR-1999			
AUTHORIZATION							
19. ACCOUNTING CITATION <div style="background-color: black; height: 20px; width: 100%;"></div>							
20. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION /ELECTRONICALLY SIGNED BY/ DARLENE E SKINNER TRANSPORTATION ASSISTANT LOGISTICS MANAGEMENT OFFICE 9501 JOHN J. PERSHING DR. OMAHA, NE 68112						21. DATE ISSUED 22-APR-1999	
						22. TRAVEL ORDER NUMBER 903994G6	

U.S. ARMY CORPS OF ENGINEERS
REQUEST FOR OFFICIAL TRAVEL

DATE ISSUED
22-APR-1999

NAME (Last, First)
BERAN, EMIL J

TRAVEL ORDER NUMBER
903994G6

16. REMARKS

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC
KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE
RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

Action Edit Block Field Record Query ESIG Help

Assigned Check No: 473861

Check No Trace: 1800050845

Replacement No:

Pmt Method: TCHEC

DSSN: 8736

Ea?:

Type: CONTRACT

FOA Code: G6

Check Date: 09-SEP-1999

Reference No: 99/5-13-1999A

Amount: 92458.64

Currency: US

Status: PRINTED

FC Amount: .000000

Payee: NATIONS BANK CARD SERVICE

P O BOX 650785

DALLAS, TX 75265-0785

Certified By: MORGAN, JAMES R SR

Date Signed: 09-SEP-1999

Initial Signature: 41716A5A5EA6D00837D

Disbursing Officer's Signature: 487B3A9D68687BAA37D

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Press F2 to enter a query.

Record: 1/1

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 08/28/1999

PAY PERIOD ENDING: 08/28/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	08/15	08/16	08/17	08/18	08/19	08/20	08/21	08/22	08/23	08/24	08/25	08/26	08/27	08/28	Total
------	------	-----	----	---	----	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------

B00594						5.00	8.00	5.50	8.00	8.00				6.00	5.00	4.00	4.00			53.50
--------	--	--	--	--	--	------	------	------	------	------	--	--	--	------	------	------	------	--	--	-------

L35672														2.00	3.00	4.00	4.00			13.00
--------	--	--	--	--	--	--	--	--	--	--	--	--	--	------	------	------	------	--	--	-------

LEAVE						3.00														3.00
-------	--	--	--	--	--	------	--	--	--	--	--	--	--	--	--	--	--	--	--	------

LEAVE								2.50										8.00		10.50
-------	--	--	--	--	--	--	--	------	--	--	--	--	--	--	--	--	--	------	--	-------

*The above hours were ELECTRONICALLY SIGNED ON: 30-AUG-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:						8.00	8.00	8.00	8.00	8.00				8.00	8.00	8.00	8.00	8.00		80.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	--	------	------	------	------	------	--	-------

REG=	66.50	HOL=		OVT=		ALV=	3.00	OLV=		NON=	10.50	SP-RATE-HRS=	
------	-------	------	--	------	--	------	------	------	--	------	-------	--------------	--

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 08/15/1999

LABOR-COST TO : 08/28/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
GOUGER T								80.00	Y

*** END OF REPORT - 27-DEC-2000 - 12:18 - SID G6CEFP1 ***

<Replace>

Action Edit Block Field Record Query ESIG Help

Travel Order No: 903997G6
Travel Order Date: 22-APR-1999Employee: PATTI J THOMASON
Type: TEMPORARY DUTY

Obligation Line Items

Obligation	Obli Li No	Description	WI Cd	EOR	Approved Amount	Disbursed Amount	Travel Order Balance
903997G6	1	NON-GTR TRAVE	002DCL	21T2	133.73	133.73	0.00
99/5-13-1999C	0014	7633391459/39	002DCL	21T1	123.00	123.00	0.00

View Funding

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Press <F2> or <F3> to query travel orders, <PGDN> to view individual line items.

Record: 1/1

ORDER FOR SUPPLIES OR SERVICES						Form Approved OMB No. 0704-0187 Expires Aug 31, 1992		PAGE 1	
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, Va 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington DC 20503.									
1. CONTRACT/PURCH ORDER NO. 99/5-13-1999C		2. DELIVERY ORDER NO. NA		3. DATE OF ORDER. 26-AUG-1999		4. REQUISITION/PURCH REQUEST NO. W59XQG90889862		5. CERTIFIED FOR NATIONAL DEFENSE UNDER DMS REG 1	
6. ISSUED BY CODE				7. ADMINISTERED BY CODE				8. DELIVERY FOB [] DEST [] OTHER (See Schedule)	
9. CONTRACTOR VENDOR ID: NB22399 CODE NATIONS BANK CARD #22399 4486160000022399 P O BOX 650785 DALLAS, TX 75265-0785				FACILITY CODE		10. DELIVER TO FOB POINT BY		11. MARK IF BUS. IS [] SMALL [] SMALL DIS-ADVANTAGED [] WOMEN-OWNED	
						12. DISCOUNT TERMS			
						13. MAIL INVOICES TO See Block 15			
14. SHIP TO CODE				15. PAYMENT WILL BE MADE BY CODE				MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
16. DELIVERY		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of the above numbered contract.							
PURCHASE		Reference your furnish the following on terms specified herein.							
ACCEPTANCE. THE CONTRACT HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.									
<div style="display: flex; justify-content: space-between;"> <div>NAME OF CONTRACTOR</div> <div>SIGNATURE</div> <div>TYPED NAME AND TITLE</div> <div>DATE SIGNED</div> </div> <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:									
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE									
18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE	23. AMOUNT	
0001	7631639820/3349G6/BOWERS			.0000/		.0000	JB	\$.00	\$311.00
0002	7631639821/2781G6/WINSLOW			.0000/		.0000	JB	\$.00	\$311.00
*If quantity accepted by the Government is same as quantity ordered, indicate by x. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA BY: CONTRACTING/ORDERING OFFICER			25. TOTAL	\$16,827.32	
							29. DIFFERENCES		
26. QUANTITY IN COLUMN 20 HAS BEEN [] INSPECTED [X] RECEIVED [] ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED 26-AUG-1999 /S/ DARLENE E SKINNER DATE SIGNATURE OF AUTHORIZED GOVERNMENT REP.				27. REC RPT NO 000001 [] PARTIAL [X] FINAL		28. D.O. VOUCHER NO. ** MULTIPLE ** 32. PAID BY 8736 09-SEP-99		30. INITIALS	
36. I certify this amount is correct and proper for payment DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER				31. PAYMENT [] COMPLETE [] PARTIAL [] FINAL				33. AMT VERIFIED CORRECT FOR \$311.00	
								34. CHECK NUMBER 0000473861	
								35. BILL OF LADING NO.	
37. REC'D AT	38. RECEIVED BY DARLENE E SKINNER			39. DATE REC'D 26-AUG-1999	40. TOTAL CONT.		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT	
0003	7631639832/3709G6/SPENCE	.0000/	.0000	JB	\$.00	\$455.00
0004	7631639833/	.0000/	.0000	JB	\$.00	\$455.00
0005	7631639822/23/3283G6/FISHER, L	.0000/	.0000	JB	\$.00	\$371.00
0006	7631639824/3093G6/SCHAEFER	.0000/	.0000	JB	\$.00	\$268.00
0007	7631639847/3193G6/STREIB	.0000/	.0000	JB	\$.00	\$359.00
0008	7633391446/3995G6/SCHMIDT	.0000/	.0000	JB	\$.00	\$377.00
0009	7633391436/3728G6/ADOLF	.0000/	.0000	JB	\$.00	\$635.00
0010	7633391441/3598G6/KAY	.0000/	.0000	JB	\$.00	\$123.00
0011	7633391442/3599G6/PRIDAL	.0000/	.0000	JB	\$.00	\$123.00
0012	7633391453/253G6/BULCAN	.0000/	.0000	JB	\$.00	\$123.00
0013	7633391458/3994G6/BERAN	.0000/	.0000	JB	\$.00	\$123.00
0014	7633391459/3997G6/THOMASON	.0000/	.0000	JB	\$.00	\$123.00
0015	7633391469/4012G6/LINDQUIST	.0000/	.0000	JB	\$.00	\$377.00
0016	76343391469/70/4003G6/BUSS	.0000/	.0000	JB	\$.00	\$346.00
0017	76343391469/70/4003G6/BUSS	.0000/	.0000	JB	\$.00	\$346.00
0018	7633391476/4033G6/KIRSCHBAUM	.0000/	.0000	JB	\$.00	\$377.00
0019	7633391477/4035G6/KIRSCHBAUM	.0000/	.0000	JB	\$.00	\$271.00
0020	7633391454/3966G6/MEAD	.0000/	.0000	JB	\$.00	\$509.00
0021	7633391463/4032G6/FOLKERS	.0000/	.0000	JB	\$.00	\$473.00
0022	7633391474/4041G6/DARLING	.0000/	.0000	JB	\$.00	\$377.00
0023	7635868265/4038G6/HOBZA	.0000/	.0000	JB	\$.00	\$411.00
0024	7635868266/4039G6/HERSE	.0000/	.0000	JB	\$.00	\$411.00
0025	7635868367/4057G6/WAGNER, G	.0000/	.0000	JB	\$.00	\$173.00
0026	7635868291/3989G6/DAVIES	.0000/	.0000	JB	\$.00	\$211.00
0027	7633391499/3489G6/JOHNSON, C	.0000/	.0000	JB	\$.00	\$425.00
0028	7633391492/4028G6/HINES	.0000/	.0000	JB	\$.00	\$271.00
0029	7633391495/4005G6/STONER	.0000/	.0000	JB	\$.00	\$169.00
0030	7635868255/3868G6/DWORKIN	.0000/	.0000	JB	\$.00	\$211.00
0031	7635868385/256G6/VADER	.0000/	.0000	JB	\$.00	\$531.00
0032	7633391498/3678G6/BURNS	.0000/	.0000	JB	\$.00	\$381.00
0033	7635868340/254G6/COOPER	.0000/	.0000	JB	\$.00	\$379.00
0034	7635868355/4075G6/PAVLIK	.0000/	.0000	JB	\$.00	\$221.50
0035	7633391496/97/3743G6/BARTEL	.0000/	.0000	JB	\$.00	\$452.82
0036	7635868350/51/3046G6/RONFELDT	.0000/	.0000	JB	\$.00	\$433.00
0037	7635868253/54/CLEVELAND	.0000/	.0000	JB	\$.00	\$414.00
0038	7635868358/4040G6/MAO	.0000/	.0000	JB	\$.00	\$205.00
0039	7635868300/4068G6/MEIER	.0000/	.0000	JB	\$.00	\$377.00
0040	7635868308/3758G6/ANDERSEN	.0000/	.0000	JB	\$.00	\$435.00
0041	7635868309/10/3796G6/CHAEFER	.0000/	.0000	JB	\$.00	\$732.00
0042	7635868301/3981G6/MORONG	.0000/	.0000	JB	\$.00	\$597.00
0043	7635868302/3987G6/ANDERSON, P	.0000/	.0000	JB	\$.00	\$597.00
0044	7635868306/07/3468G6/ENGELBART	.0000/	.0000	JB	\$.00	\$256.00
0045	7635868306/07/3468G6/ENGELBART	.0000/	.0000	JB	\$.00	\$256.00
0046	7633391409/3924G6/GREENWOOD	.0000/	.0000	JB	\$.00	\$266.00
0047	7633391428/3985G6/STRATTON	.0000/	.0000	JB	\$.00	\$115.50
0048	7633391428/3985G6/STRATTON	.0000/	.0000	JB	\$.00	\$115.50
0049	7635868289/4071G6/WRIGHT	.0000/	.0000	JB	\$.00	\$379.00
0050	7633391430/3988G6/WESTENBURG	.0000/	.0000	JB	\$.00	\$163.00

USACE OMAHA DISTRICT
DARLENE SKINNER
215 N 17TH ST.
OMAHA NE 68102-4978

VISA ACCOUNT NUMBER

Page 16 of 39

INDIVIDUAL CARDHOLDER ACTIVITY

OARP:STL SVC:Y DARP:OMA FR:		DEP:042899		
04-26	TWA AIRLINE 0157633391442OMAHA NE	04-22	123.00	DI
REF:24717059113581130879698 MCC:3004 PHONE:				
NM:PRIDAL/D..... TKT:0157633391442 MVAT:				
OARP:OMA SVC:Y DARP:STL FR:		DEP:042899	CVAT:	CC:
OARP:STL SVC:Y DARP:OMA FR:		DEP:042899	3599	
04-26	TWA AIRLINE 0157633391453OMAHA NE	04-22	123.00	DI
REF:24717059113581130879706 MCC:3004 PHONE:				
NM:VULCANVB TKT:0157633391453 MVAT:				
OARP:OMA SVC:Y DARP:STL FR:		DEP:042599	CVAT:	CC:
OARP:STL SVC:Y DARP:OMA FR:		DEP:042599	253	
04-26	TWA AIRLINE 0157633391458OMAHA NE	04-23	123.00	DI
REF:24717059114581140507395 MCC:3004 PHONE:				
NM:BERANVE TKT:0157633391458 MVAT:				
OARP:OMA SVC:Y DARP:STL FR:		DEP:042799	CVAT:	CC:
OARP:STL SVC:Y DARP:OMA FR:		DEP:042799	3994	
04-26	TWA AIRLINE 0157633391459OMAHA NE	04-23	123.00	DI
REF:24717059114581140507403 MCC:3004 PHONE:				
NM:THOMASONP TKT:0157633391459 MVAT:				
OARP:OMA SVC:Y DARP:STL FR:		DEP:042799	CVAT:	CC:
OARP:STL SVC:Y DARP:OMA FR:		DEP:042799	3997	
04-26	UNITED AIR 0167633391468OMAHA NE	04-23	377.00	DI
REF:24792829114681931185530 MCC:3000 PHONE:				
NM:LINDQUIST/T TKT:0167633391468 MVAT:				
OARP:OMA SVC:Y DARP:DEN FR:		DEP:042699	CVAT:	CC:
OARP:DEN SVC:Y DARP:OMA FR:		DEP:042699	4012	
04-26	UNITED AIR 0167633391468OMAHA NE	04-23	692.00	DI
REF:24792829114681931185548 MCC:3000 PHONE:				
NM:BUSS/M TKT:0167633391469 MVAT:				
OARP:OMA SVC:Y DARP:ORD FR:		DEP:042699	CVAT:	CC:
OARP:ORD SVC:H DARP:AZO FR:		DEP:042699	4003	
OARP:AZO SVC:HX DARP:DTW FR:		DEP:042699		
OARP:DTW SVC:YO DARP:LGA FR:		DEP:042699		
04-26	UNITED AIR 0167633391476OMAHA NE	04-23	377.00	DI
REF:24792829114681931185563 MCC:3000 PHONE:				
NM:KIRSCHBAUM/J TKT:0167633391476 MVAT:				
OARP:OMA SVC:Y DARP:DEN FR:		DEP:042599	CVAT:	CC:
OARP:DEN SVC:Y DARP:OMA FR:		DEP:042599	4033	
04-26	UNITED AIR 0167633391477OMAHA NE	04-23	271.00	DI
REF:24792829114681931185571 MCC:3000 PHONE:				
NM:KIRSCHBAUM/J TKT:0167633391477 MVAT:				
OARP:OMA SVC:Y DARP:ORD FR:		DEP:042999	CVAT:	CC:
4035				

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as indicated in items 2 through 21						1. DATE OF REQUEST 22-APR-1999	
REQUEST FOR OFFICIAL TRAVEL							
2. NAME (Last, First, Middle Initial) SSN THOMASON, PATTI J				3. POSITION TITLE AND GRADE OR RATING INDUSTRIAL HYGIENIST GS12			
4. OFFICIAL STATION INDUSTRIAL HYGIENE SECTION OMAHA, NE				5. ORGANIZATIONAL ELEMENT CENWO-ED-GI		6. PHONE NO. 402-221-7690	
7. TYPE OF ORDERS TEMPORARY DUTY		8. SECURITY CLEARANCE		9. PURPOSE OF TDY SITE VISIT SAUGET SUPERFUND SITE CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL			
10a. APPROX NO. DAYS OF TDY (Including travel time) 2		10b. PROCEED O/A (DATE) 27-APR-1999					
11. ITINERARY <input checked="" type="checkbox"/> VARIATION AUTHORIZED LEG: 1 OF 1 AMENDMENT NUMBER: 0 FROM: OMAHA / DOUGLAS NE NEBRASKA PROCEED ON 27-APR-1999 AT 800 HRS TO : EAST ST. LOUIS/ST. CLAIR IL ILLINOIS DEPART ON 28-APR-1999 AT 1800 HRS							
12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE							
COMMERCIAL				GOVERNMENT		PRIVATELY OWNED CONVEYANCE (Check one)	
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: 0.0000
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)						<input type="checkbox"/> More advantageous to government	
						Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.	
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)							
14. ESTIMATED COST						15. ADVANCE AUTHORIZED	
PER DIEM \$110.00		TRAVEL \$123.00		OTHER \$50.00		TOTAL \$283.00	
15. ADVANCE AUTHORIZED \$.00							
16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) See Attached For Additional Remarks TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.							
17. REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ TAMI B DITTMAR INDUSTRIAL HYGIENIST 22-APR-1999				18. APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JOHN W MONZINGO SUPERVISORY CIVIL ENGINEER 22-APR-1999			
AUTHORIZATION							
19. ACCOUNTING CITATION <div style="background-color: black; height: 15px; width: 400px; margin-bottom: 5px;"></div> 100%							
20. ORDER AUTHORIZING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ DARLENE E SKINNER LOGISTICS MANAGEMENT OFFICE 9501 JOHN J. PERSHING DR. OMAHA, NE 68112						21. DATE ISSUED 22-APR-1999	
						22. TRAVEL ORDER NUMBER 903997G6	

U.S. ARMY CORPS OF ENGINEERS
REQUEST FOR OFFICIAL TRAVEL

DATE ISSUED
22-APR-1999

NAME (Last, First)
THOMASON, PATTI J

TRAVEL ORDER NUMBER
903997G6

16. REMARKS

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TICKET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVERNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

ADMINISTRATIVE, CRIMINAL OR OTHER ADVERSE ACTION. USE OF THIS SYSTEM

```
+-- v2.1.43 ----- OBLIGATION LINE ITEM STATUS ----- STAT.2 --+
| OBLIGATION NO: 99/5-13-1999C      DELIVERY ORDER: NA      OBLIGATION LI: 0014 |
| AMENDMENT NO: 0                  AMEND DATE: 11-AUG-1999  FREIGHT:   FAST PAY: |
| WORK ITEM: 002DCM                FUND ACCOUNT: G625294      PROGRESS PAY: |
| FUND CITATION: 96NAX3122          AMSCO: 015558            RESOURCE: TRANSPER |
| DESCRIPTION: COMMERCIAL TRANSPORTATION                      ALLOT: 2417 EOR: 21T1 |
+----- <PGDN> EXECUTE QUERY -----+
| RV NO  CUSTOMER INV NO  SCHD DATE  DISB AMOUNT  DOV NO CHECK NO  PAYM |
| 19     NATIONSBANK 22399  09-SEP-1999      123.00 146713 473861  TCHEC |
|                                     |
|                                     |
|                                     |
|                                     |
|                                     |
|                                     |
|                                     |
|                                     |
|                                     |
|                                     |
+-----+
| <Ctrl F1> RECEIVING RPT  <Ctrl F2> INVOICE    <Ctrl F3> PROGRESS PAYMENTS |
| <Ctrl F4> RECEIPT VOUCHER <Ctrl F5> AP TRANSACTION <Ctrl F6> CHECK REGISTER |
+-----+
|                                     F10 EXIT -----+
```

Count: *1

<Replace>

Action Edit Block Field Record Query ESI G Help

Assigned Check No: 478861

Check No Trace: 1800050845

Replacement No:

Pmt Method: TCHEC DSSN: 8736

Ea?: ☐

Type: CONTRACT

FOA Code: G6

Check Date: 09-SEP-1999

Reference No: 99/5-13-1999A

Amount: 92458.64

Currency: US

Status: PRINTED

FC Amount: .000000

Payee: NATIONS BANK CARD SERVICE

P O BOX 650785

DALLAS, TX 75265-0785

Certified By: MORGAN, JAMES R SR

Date Signed: 09-SEP-1999

Initial Signature: 41716A5A5EA6D00837D

Disbursing Officer's Signature: 487B3A9D68687BAA37D

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Press F2 to enter a query.

Record: 1/1

GL ACCT	DR/CR	ACCOUNT NAME	DEBIT AMT	CREDIT AMT
1311.25	D	[REDACTED]	123.00	
4252.00	D	[REDACTED]	123.00	
4821.00	D	[REDACTED]	123.00	
6500.32	D	[REDACTED]	123.00	
2113.00	C	[REDACTED]		123.00

+ <F2> ENTER QUERY ----- <F3> EXECUTE QUERY ----- <F10> EXIT -+

Count: 18 ^ v

Action Edit Block Field Record Query ESIG Help

Travel Order No: 903649G6

Employee: TIMOTHY P GOUGER

Travel Order Date: 08-APR-1999

Type: TEMPORARY DUTY

Obligation Line Items

Obligation	Obli Li No	Description	WI Cd	EOR	Approved Amount	Disbursed Amount	Travel Order Balance
903649G6	1	NON-CTR TRAVE	002DCL	21T2	162.41	162.41	0.00
99/5-13-1999B	0035	7633391413364	002DCL	21T1	123.00	123.00	0.00

☐ View Funding

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Press <F2> or <F3> to query travel orders, <PGDN> to view individual line items.

Record: 1/1

ORDER FOR SUPPLIES OR SERVICES				Form Approved OMB No. 0704-0187 Expires Aug 31, 1992		PAGE 1	
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, Va 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington DC 20503.							
1. CONTRACT/PURCH ORDER NO. 99/5-13-1999B		2. DELIVERY ORDER NO. NA		3. DATE OF ORDER. 26-AUG-1999		4. REQUISITION/PURCH REQUEST NO. W59XQG91061925	
6. ISSUED BY		CODE		7. ADMINISTERED BY		CODE	
9. CONTRACTOR VENDOR ID: NB22399		CODE		FACILITY CODE		10. DELIVER TO FOB POINT BY	
NATIONS BANK CARD #22399 4486160000022399 P O BOX 650785 DALLAS, TX 75265-0785						11. MARK IF BUS. IS [] SMALL [] SMALL DIS- ADVANTAGED [] WOMEN-OWNED	
						12. DISCOUNT TERMS	
						13. MAIL INVOICES TO See Block 15	
14. SHIP TO		CODE		15. PAYMENT WILL BE MADE BY		CODE	
						MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
16. DELIVERY		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of the above numbered contract.					
PURCHASE		Reference your _____ furnish the following on terms specified herein.					
ACCEPTANCE. THE CONTRACT HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.							
NAME OF CONTRACTOR		SIGNATURE		TYPED NAME AND TITLE		DATE SIGNED	
<input type="checkbox"/>		If this box is marked, supplier must sign Acceptance and return the following number of copies:					
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE							
18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE
							23. AMOUNT
0001	7633391310/3849G6/TAYLOR			.0000/		.0000	\$.00
0002	7633391319/3702G6/COATS903454G6			.0000/		.0000	\$.00
*If quantity accepted by the Government is same as quantity ordered, indicate by x. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA		25. TOTAL	
				BY:		\$17,073.32	
				CONTRACTING/ORDERING OFFICER		29. DIFFERENCES	
26. QUANTITY IN COLUMN 20 HAS BEEN				27. REC RPT NO		28. D.O. VOUCHER NO.	
[] INSPECTED [X] RECEIVED [] ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED				000001		** MULTIPLE **	
26-AUG-1999 /S/ DARLENE E SKINNER				[] PARTIAL			
DATE SIGNATURE OF AUTHORIZED GOVERNMENT REP.				[X] FINAL		32. PAID BY	
				31. PAYMENT		8736	
36. I certify this amount is correct and proper for payment				[] COMPLETE		33. AMT VERIFIED CORRECT FOR	
				[] PARTIAL		\$363.00	
				[] FINAL		34. CHECK NUMBER	
DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER				09-SEP-99		0000473861	
						35. BILL OF LADING NO.	
37. REC'D AT		38. RECEIVED BY		39. DATE REC'D		40. TOTAL CONT.	
		DARLENE E SKINNER		26-AUG-1999		41. S/R ACCOUNT NUMBER	
						42. S/R VOUCHER NO.	

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT	
0003	7633391329/3454G6/QUINN	.0000/	.0000	JB	\$.00	\$310.00
0004	7633391332/3473G6/JOHNSON, T	.0000/	.0000	JB	\$.00	\$416.00
0005	7633391333/3150G6/SOLBERG, J	.0000/	.0000	JB	\$.00	\$310.00
0006	7633391353/3912G6/WAGNER, G	.0000/	.0000	JB	\$.00	\$173.00
0008	7633391325/3626G6/WIERSMA	.0000/	.0000	JB	\$.00	\$432.00
0009	7633391345/3890G6/WHITE, D	.0000/	.0000	JB	\$.00	\$425.00
0010	7633391330/3528G6/HAGEBOCK	.0000/	.0000	JB	\$.00	\$387.54
0011	7633391331/3533G6/ADDISON, MARK	.0000/	.0000	JB	\$.00	\$387.54
0012	7633391335/3262G6/TIDD	.0000/	.0000	JB	\$.00	\$299.00
0013	7633391340/41/3732G6/BARTELS, R	.0000/	.0000	JB	\$.00	\$1,049.94
0014	7633391342/3660G6/STIVER	.0000/	.0000	JB	\$.00	\$357.35
0015	7633391343/2690G6/COLE	.0000/	.0000	JB	\$.00	\$377.00
0016	7633391356/3467G6/WAGNER, G	.0000/	.0000	JB	\$.00	\$215.00
0017	7633391360/254G6/COOPER	.0000/	.0000	JB	\$.00	\$382.00
0018	7633391328/3608G6/DRUMWIEDE	.0000/	.0000	JB	\$.00	\$563.00
0019	7633391338/39/3729G6/CLEVELAND	.0000/	.0000	JB	\$.00	\$869.83
0020	7633391357/3914G6/MCNULTY	.0000/	.0000	JB	\$.00	\$401.98
0021	7633391368/3798G6/OBRIEN	.0000/	.0000	JB	\$.00	\$329.00
0022	7633391375/3795G6/MICHALAK	.0000/	.0000	JB	\$.00	\$329.00
0023	7633391403/257G6/WOSCYNIA	.0000/	.0000	JB	\$.00	\$271.00
0024	7633391371/3780G6/NELSON	.0000/	.0000	JB	\$.00	\$839.00
0025	7633391379/80/3902G6/CASTELNOVO	.0000/	.0000	JB	\$.00	\$538.00
0026	7633391390/3884G6/PODRAZA	.0000/	.0000	JB	\$.00	\$839.00
0027	7633391388/3883G6/MILLER	.0000/	.0000	JB	\$.00	\$563.00
0028	7633391372/3534G6/POPELKA	.0000/	.0000	JB	\$.00	\$123.00
0029	7633391369/3911G6/PETERSEN, D	.0000/	.0000	JB	\$.00	\$425.00
0030	7633391370/3808G6/SASSE	.0000/	.0000	JB	\$.00	\$377.00
0031	7633391374/3466G6/ENGELBART	.0000/	.0000	JB	\$.00	\$228.00
0032	7633391405/3886G6/BUSS	.0000/	.0000	JB	\$.00	\$447.00
0034	7633391410/3852G6/FREED	.0000/	.0000	JB	\$.00	\$502.14
0035	76333914133649G6/GOUGER	.0000/	.0000	JB	\$.00	\$123.00
0039	7633391432/3875G6/CHEEVER	.0000/	.0000	JB	\$.00	\$425.00
0040	7631639811/3670G6/GROENJES	.0000/	.0000	JB	\$.00	\$363.00
0041	7631639817/18/3352G6/TRAVIS	.0000/	.0000	JB	\$.00	\$261.00
0042	7631639825/3697G6/MEIER	.0000/	.0000	JB	\$.00	\$377.00
0043	7631639827/3559G6/FISHCER	.0000/	.0000	JB	\$.00	\$310.00
0044	7631639844/257G6/WOSCYNIA	.0000/	.0000	JB	\$.00	\$310.00
0046	7631639813/3566G6/WAPLES	.0000/	.0000	JB	\$.00	\$551.00
0047	7633391354/3621G6/SHOCKLEY	.0000/	.0000	JB	\$.00	\$294.00

USACE OMAHA DISTRICT
DARLENE SKINNER
215 N 17TH ST.
OMAHA NE 68102-4978

VISA ACCOUNT NUMBER

Page 13 of 39

INDIVIDUAL CARDHOLDER ACTIVITY

04-23	NWA AIR 0127633391410OMAHA NE	04-21	502.14	DR
	REF:24717059112581120906353 MCC:3080 PHONE:			
	NM:FREED/W TKT:0127633391410 MVAT:	CVAT:	CC:	
	OARP:OMA SVC:Y DARP:MSP FR: DEP:042799			
	OARP:MSP SVC:Y DARP:PIR FR: DEP:042799			
	OARP:PIR SVC:Y DARP:MSP FR: DEP:042799			
			3852	
04-23	TWA AIRLINE 0157633391413OMAHA NE	04-21	123.00	DR
	REF:24717059112581120996214 MCC:3004 PHONE:			
	NM:GOUGER/T TKT:0157633391413 MVAT:	CVAT:	CC:	
	OARP:OMA SVC:Y DARP:STL FR: DEP:042799			
	OARP:STL SVC:Y DARP:OMA FR: DEP:042799			
			3649	
04-23	SOUTHWESTAIR5267631639817OMAHA NE	04-12	129.00	DR
	REF:24168679112413886301844 MCC:3066 PHONE:			
			Trans	
04-23	AMERWESTAIR 4017631639818OMAHA NE	04-12	132.00	DR
	REF:24168679112940886057780 MCC:3253 PHONE:			
			Trans 3352	
04-23	DELTA AIR 0067631639825OMAHA NE	04-12	377.00	DR
	REF:24399008112127969949722 MCC:3058 PHONE:			
			Meier 3697	
04-23	DELTA AIR 0067631639827OMAHA NE	04-12	310.00	DR
	REF:24399009112127969949730 MCC:3058 PHONE:			
			Fisher on 3359	
04-23	DELTA AIR 0067631639844OMAHA NE	04-12	310.00	DR
	REF:24399009112127969949797 MCC:3058 PHONE:			
			Wong 251	
04-23	MIDWEST 4537631639826OAK CREEK WI	04-12	379.00	DR
	REF:24110209112704319990004 MCC:4511 PHONE:			
	NM:SHOCKLEY/J TKT:4537631639826 MVAT:	CVAT:	CC:	
	OARP:OMA SVC:Y DARP:DCA FR: DEP:041999			
	OARP:OMA SVC:Y DARP:DCA FR: DEP:041999			
			Cy ad Crod 3621	
04-23	AMERICAN AIR0017633391432OMAHA NE	04-21	425.00	DR
	REF:24792629112658931095648 MCC:3001 PHONE:			
	NM:CHEEVER/D TKT:0017633391432 MVAT:	CVAT:	CC:	
	OARP:OMA SVC:Y DARP:DFW FR: DEP:042299			
	OARP:DFW SVC:Y DARP:OMA FR: DEP:042299			
			3875	
04-23	UNITED AIR 0167631639813OMAHA NE	04-12	551.00	DR
	REF:24792629112681704367994 MCC:3000 PHONE:			
	NM:WAPLES/R TKT:0167631639813 MVAT:	CVAT:	CC:	
	OARP:OMA SVC:Y DARP:ORD FR: DEP:041599			
	OARP:ORD SVC:Y DARP:BDL FR: DEP:041599			
	OARP:BDL SVC:YX DARP:ORD FR: DEP:041599			
	OARP:ORD SVC:YO DARP:OMA FR: DEP:041599			
			3566	

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as indicated in items 2 through 21						1. DATE OF REQUEST 24-AUG-1999	
REQUEST FOR OFFICIAL TRAVEL							
2.NAME (Last,First,Middle Initial) SSN GOUGER, TIMOTHY P				3.POSITION TITLE AND GRADE OR RATING ENVIRONMENTAL ENGINEER GS12			
4.OFFICIAL STATION RAPID RESPONSE RESIDENT OFFICE OFFUTT, AFB, NE				5.ORGANIZATIONAL ELEMENT CENWO-CD-FC-R		6.PHONE NO. 402-293-2514	
7.TYPE OF ORDERS TEMPORARY DUTY			8.SECURITY CLEARANCE		9.PURPOSE OF TDY TECH SUPPORT CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL		
10a.APPROX NO. DAYS OF TDY (Including travel time) 2			b.PROCEED O/A (DATE) 27-APR-1999				
11.ITINERARY LEG: 1 OF 1 AMENDMENT NUMBER: 1 FROM: OMAHA / DOUGLAS NEBRASKA PROCEED ON 27-APR-1999 AT 600 HRS TO : CHICAGO / DU PAGE, COOK & LAKE ILLINOIS DEPART ON 28-APR-1999 AT 1900 HRS							
12.MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE							
COMMERCIAL				GOVERNMENT		PRIVATELY OWNED CONVEYANCE (Check one)	
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: 0.0000
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)						<input type="checkbox"/> More advantageous to government <input type="checkbox"/> Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.	
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM(Specify)							
14.ESTIMATED COST						15.ADVANCE AUTHORIZED	
PER DIEM \$224.00		TRAVEL \$173.00		OTHER \$200.00		TOTAL \$597.00	
16.REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) See Attached For Additional Remarks TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.							
17.REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ MARILYN B MIKULA TRANSPORTATION ASSISTANT (FLEE 24-AUG-1999				18.APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ MARILYN B MIKULA TRANSPORTATION ASSISTANT (FLEE 24-AUG-1999			
AUTHORIZATION							
19.ACCOUNTING CITATION 100%							
20.ORDER AUTHORIZING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ MARILYN B MIKULA LOGISTICS MANAGEMENT OFFICE 9501 JOHN J. PERSHING DR. OMAHA, NE68112						21.DATE ISSUED 24-AUG-1999 22.TRAVEL ORDER NUMBER 903649G6	

U.S. ARMY CORPS OF ENGINEERS REQUEST FOR OFFICIAL TRAVEL		DATE ISSUED 24-AUG-1999
NAME (Last, First) GOUGER, TIMOTHY P		TRAVEL ORDER NUMBER 903649G6
16. REMARKS RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED. IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT' OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.		

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as indicated in items 2 through 21						1. DATE OF REQUEST 08-APR-1999	
REQUEST FOR OFFICIAL TRAVEL							
2.NAME (Last,First,Middle Initial) SSN GOUGER, TIMOTHY P				3.POSITION TITLE AND GRADE OR RATING ENVIRONMENTAL ENGINEER GS12			
4.OFFICIAL STATION RAPID RESPONSE RESIDENT OFFICE OFFUTT, AFB, NE				5.ORGANIZATIONAL ELEMENT CENWO-CD-PC-R		6.PHONE NO. 402-293-2514	
7.TYPE OF ORDERS TEMPORARY DUTY		8.SECURITY CLEARANCE		9.PURPOSE OF TDY TECH SUPPORT CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL			
10a.APPROX NO. DAYS OF TDY (Including travel time) 2		b.PROCEED O/A (DATE) 27-APR-1999					
11.ITINERARY <input checked="" type="checkbox"/> VARIATION AUTHORIZED LEG: 1 OF 1 AMENDMENT NUMBER: 0 FROM: OMAHA / DOUGLAS NEBRASKA PROCEED ON 27-APR-1999 AT 600 HRS TO : CHICAGO / DU PAGE, COOK & LAKE ILLINOIS DEPART ON 28-APR-1999 AT 1900 HRS							
12.MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE							
COMMERCIAL				GOVERNMENT		PRIVATELY OWNED CONVEYANCE (Check one)	
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: 0.0000
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)						<input type="checkbox"/> More advantageous to government	
						<input type="checkbox"/> Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.	
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM(Specify)							
14.ESTIMATED COST						15.ADVANCE AUTHORIZED	
PER DIEM \$224.00		TRAVEL \$173.00		OTHER \$200.00		TOTAL \$597.00	
16.REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) See Attached For Additional Remarks TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.							
17.REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN SUPERVISORY CIVIL ENGINEER 08-APR-1999				18.APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JEROME M WOODS LA SUPERVISORY CIVIL ENGINEER 08-APR-1999			
AUTHORIZATION							
19.ACCOUNTING CITATION <div style="background-color: black; width: 400px; height: 15px; margin-bottom: 5px;"></div> 100%							
20.ORDER AUTHORIZING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JANICE L WZOREK PORT CROOK AREA OFFICE USACE P.O. BOX 13287 OFFUTT, AFB, NE68113						21.DATE ISSUED 08-APR-1999	
						22.TRAVEL ORDER NUMBER 903649G6	

U.S. ARMY CORPS OF ENGINEERS
REQUEST FOR OFFICIAL TRAVEL

DATE ISSUED
08-APR-1999

NAME (Last, First)
GOUGER, TIMOTHY P

TRAVEL ORDER NUMBER
903649G6

16. REMARKS

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC
KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE
RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

ADMINISTRATIVE, CRIMINAL OR OTHER ADVERSE ACTION. USE OF THIS SYSTEM

```
+-- v2.1.43 ----- OBLIGATION LINE ITEM STATUS ----- STAT.2 --+
| OBLIGATION NO: 99/5-13-1999B      DELIVERY ORDER: NA      OBLIGATION LI: 0035 |
| AMENDMENT NO: 0                  AMEND DATE: 11-AUG-1999  FREIGHT:   FAST PAY: |
|   WORK ITEM: 002DCM              FUND ACCOUNT: G625294      PROGRESS PAY: |
| FUND CITATION: 96NAX3122          AMSCO: 015558            RESOURCE: TRANSPER |
| DESCRIPTION: COMMERCIAL TRANSPORTATION                     ALLOT: 2417 EOR: 21T1 |
+-----<PGDN> EXECUTE QUERY -----+
| RV NO   CUSTOMER INV NO   SCHD DATE   DISB AMOUNT   DOV NO CHECK NO   PAYM |
| 40      NATIONSBANK 22399   09-SEP-1999      123.00 146693 473861      TCHEC |
|                                           |
|                                           |
|                                           |
|                                           |
+-----+
| <Ctrl F1> RECEIVING RPT   <Ctrl F2> INVOICE   <Ctrl F3> PROGRESS PAYMENTS |
| <Ctrl F4> RECEIPT VOUCHER <Ctrl F5> AP TRANSACTION <Ctrl F6> CHECK REGISTER |
+----- F10 EXIT -----+
```

Count: *1

<Replace>

Action Edit Block Field Record Query ESIQ Help

Assigned Check No: 473861 Check No Trace: 1800050845
Replacement No: Prmt Method: TCHEC DSSN: 8736 Ea?: ☐
Type: CONTRACT FQA Code: C6
Check Date: 09-SEP-1999 Reference No: 99/5-13-1999A
Amount: 92458.64 Currency: US
Status: PRINTED FC Amount: .000000
Payee: NATIONS BANK CARD SERVICE
P O BOX 650785
DALLAS, TX 75265-0785

Certified By: MORGAN, JAMES R SR

Date Signed: 09-SEP-1999

Initial Signature: 41716A5A5EA6D00837D

Disbursing Officer's Signature: 487B3A9D68687BAA37D

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Press F2 to enter a query.

Record: 1/1

```

+-----+
+--- v2.1.9 ----- ACCOUNTS PAYABLE TRANSACTION VIEW SCREEN ----- 3.34 ---+
+
|      OBLI NO: DACA45-98-D-0004      FUND TYPE: F      FAST PAY: N      REVERSAL: |
| DELIV. ORDER NO: 0006                APPROP STATUS: C  RCVR:S. SCHMIDT      |
|      LINE ITEM NO: 0001                APPROP TYPE: C   DEBTOR BILL NO:      |
| RECEIVING RPT NO: 7                   EAID NO:          MOA: C2          ACCT PHASE: E5A |
|      INVOICE NO: 7                    ACCRUAL IND:       EOR: 3200    TRANS DATE: 20-AUG-1999 |
|      FAR ORDER NO: DW96947840-0560    COST TYPE: WIP    EFFECT DATE: 20-AUG-1999 |
| FUND WORK ITEM: 002DCL                RESOURCE CODE: CONSTSVCS          TBO DISB.: |
|      RESOURCE PLAN: 1                  WORK CATEGORY: 331R0    TRANS TYPE: APR      |
|      MGT STRUCTURE: 015558            WORK CAT ELEM: 99998    PAYEE CLASS: ?      |
|      APPROPRIATION: [REDACTED]          PERIOD: 199908          |
| TRANSACTION ID: 2168880              GL CORR ID: AP414      GL NOT POSTED?:      |
|      PROP CAT CODE:                   SOURCE: FORM93        TBO RPT NUMBER:      |
+-----+

```

GL ACCT	DR/CR	ACCOUNT NAME	DEBIT AMT	CREDIT AMT
1311.25	D	[REDACTED]	6058.23	
4252.00	D	[REDACTED]	6058.23	
4821.00	D	[REDACTED]	6058.23	
6500.32	D	[REDACTED]	6058.23	
2113.00	C	[REDACTED]		6058.23

+ <F2> ENTER QUERY ----- <F3> EXECUTE QUERY ----- <F10> EXIT ---+

Count: 17

^ v

<Replace>

Action Edit Block Field Record Query ESIG Help

Obligation No: DACA45-98-D-0004

Delivery Order No: 0006

Inv No: 7

Description: SAUGET SITE ONE SF, ST. LOUIS, IL

Period: 200012

Inv Reference No: 03JUL99-30JUL99 #2

Discount Days:

Percent:

Inv Date: 20-AUG-1999

TFO Indicator: ☐

Inv Recv'd Date: 20-AUG-1999

Pmt Address ID: 000015101

F&A Received Date: 20-AUG-1999

Final Payment: ☐

Pmt Office ID: 1

Release of Claims: ☐

Notice To Proceed: Y

Line Item: 0001

Refund? ☐

*** This INV ***

*** All INV's ***

SERVICES: COST-PLUS-FIXED-FEE SAUGET SITE

Qty:

0

Qty Ordered: 0

Unit Price:

Amt Ordered: 302158.28

Gross Amt: 6058.23

266932.86

Pay Estimate No: 7

Retainage Pct: .00

Total Estimates: 16

Retainage Amt: .00

.00

Other Deductions: .00

.00

Program Mgr Signor

Retainage Refund:

.00

CB4CF1558CB7E19B37E

Other Deduct Refund:

.00

C.O.R. Signor

Liq. Damages:

.00

E3A5E8D54A95749F37E

Line Item Amt: 6058.23

266932.86

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Record: 7/9

Action Edit Block Field Record Query ESIG Help

Obligation No: **DACA45-98-D-0004** Delivery Order: **0006** Obligation Lt: **0001** Freight: ☐
 Amend No: **R00002** Amend Date: **31-MAR-2000** Fast Pay: **N**
 Work Item: **002X25** Fund Account: **G625294** Progress Pay: **Y**
 Fund Citation: **96NAX3122** AMSCO: **015558** Resource: **CONSTSVCS**
 Description: **SAUGET SITE ONE SF, ST. LOUIS, I** MOA: **C2** Allot: **2417** EOR: **3200**

<PGDII> To Execute RV or Debt Bill Query

RV No	Reference No	Cert Date	Disb Amount	DOV No	Check No	Pmt Meth
1	14JAN99-26FEB99 #1	12-MAY-1999	3996.66	135175	167233	EFT
2	03APR99-30APR99 #3	22-JUN-1999	12313.77	138986	407723	TCHEC
3	27FEB99-02APR99 #2	22-JUN-1999	3083.51	138987	407724	TCHEC
4	01MAY99-28MAY99 #4	28-JUL-1999	4454.84	142561	286345	EFT
5	29MAY99-02JUL99 #5	20-AUG-1999	923.79	144831	320102	EFT
6	03JUL99-30JUL99 #6	25-AUG-1999	6058.23	145954	331474	EFT
7	31JUL99-27AUG99 #7	08-OCT-1999	5404.78	149977	425431	EFT
8	28AUG99-01OCT99 #8	19-NOV-1999	13642.29	154960	505583	EFT
9	02OCT99-29OCT99 #9	19-NOV-1999	19218.16	154961	505600	EFT
10	30OCT99-26NOV99 #10	24-JAN-2000	11567.42	160381	612499	EFT

☐ RR ☐ Invoice ☐ Progress Pmts ☐ RV ☐ AP Transaction ☐ Check Register

Record: 1/?

Action Edit Block Field Record Query ESIG Help

Assigned Check No:	331474	Check No Trace:	1800049417	
Replacement No:		Pmt Method:	EFT	DSSN: 8736 Ea?:
Type:	CONTRACT	FOA Code:	C6	
Check Date:	25-AUG-1999	Reference No:	DACA45-98-D-0004	
Amount:	6058.23	Currency:	US	
Status:	PRINTED	FC Amount:	.000000	
Payee:	ROY F WESTON INC			
	PO BOX 8500 (S 6175)			
	PHILADELPHIA, PA 19178-6175			
Certified By:	AUTRY, SHIRLEY LE		Date Signed:	25-AUG-1999
Initial Signature:	826DC85C83AA7AEF37C			
Disbursing Officer's Signature:	37C45C98			

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Press F2 to enter a query.

Record: 1/?

+--- v2.1.9 ----- ACCOUNTS PAYABLE TRANSACTION VIEW SCREEN ----- 3.34 ---+
| OBLI NO: DACA45-98-D-0004 FUND TYPE: F FAST PAY: N REVERSAL: |
| DELIV. ORDER NO: 0006 APPROP STATUS: C RCVR: S. SCHMIDT |
| LINE ITEM NO: 0001 APPROP TYPE: C DEBTOR BILL NO: |
| RECEIVING RPT NO: 6 EAID NO: MOA: C2 ACCT PHASE: E5A |
| INVOICE NO: 6 ACCRUAL IND: EOR: 3200 TRANS DATE: 16-AUG-1999 |
| FAR ORDER NO: DW96947840-0560 COST TYPE: WIP EFFECT DATE: 16-AUG-1999 |
| FUND WORK ITEM: 002DCL RESOURCE CODE: CONSTSVCS TBO DISB.: |
| RESOURCE PLAN: 1 WORK CATEGORY: 331R0 TRANS TYPE: APR |
| MGT STRUCTURE: 015558 WORK CAT ELEM: 99998 PAYEE CLASS: ? |
| APPROPRIATION: PERIOD: 199908 |
| TRANSACTION ID: 2158201 GL CORR ID: AP414 GL NOT POSTED?: |
| PROP CAT CODE: SOURCE: FORM93 TBO RPT NUMBER: |
+-----+
| GL ACCT DR/CR ACCOUNT NAME DEBIT AMT CREDIT AMT |
| 1311.25 D 923.79 |
| 4252.00 D 923.79 |
| 4821.00 D 923.79 |
| 6500.32 D 923.79 |
| 2113.00 C 923.79 |
+ <F2> ENTER QUERY ----- <F3> EXECUTE QUERY ----- <F10> EXIT ---+

Count: 16 ^ v <Replace>

Action Edit Block Field Record Query ESIG Help

Obligation No: DACA45-98-D-0004

Delivery Order No: 0006

Inv No: 6

Description: SAUGET SITE ONE SF, ST. LOUIS, IL

Period: 200012

Inv Reference No: 89MAY99-02JUL99 #E

Discount Days:

Percent:

Inv Date: 13-AUG-1999

TFO Indicator: ☐

Inv Recv'd Date: 13-AUG-1999

Pmt Address ID: 000015101

F&A Received Date: 13-AUG-1999

Final Payment: ☐

Pmt Office ID: 1

Release of Claims: ☐

Notice To Proceed: Y

Line Item: 0001

Refund? ☐

*** This INV ***

*** All INV's ***

SERVICES: COST-PLUS-FIXED-FEE SAUGET SITE

Qty:

Qty Ordered: 0

Unit Price:

Amt Ordered: 302158.28

Gross Amt:

923.79

266932.86

Pay Estimate No: 6

Retainage Pct: .00

Total Estimates: 16

Retainage Amt:

.00

.00

Other Deductions:

.00

.00

Program Mgr Signor

Retainage Refund:

.00

55043D2082800C0737E

Other Deduct Refund:

.00

C.O.R. Signor

Liq. Damages:

.00

065E426BD61D635337E

Line Item Amt:

923.79

266932.86

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Record: 6/?

Action Edit Block Field Record Query ESIG Help

Obligation No: **DACA45-98-D-0004** Delivery Order: **0006** Obligation Lt: **0001** Freight: ☐
 Amend No: **R00002** Amend Date: **31-MAR-2000** Fast Pay: **N**
 Work Item: **002X25** Fund Account: **G625294** Progress Pay: **Y**
 Fund Citation: **96NAX3122** AMSCQ: **015558** Resource: **CONSTSVCS**
 Description: **SAUGET SITE ONE SF, ST. LOUIS, I** MOA: **C2** Allot: **2417** EOR: **3200**

<PGDII> To Execute RV or Debt Bill Query

RV No	Reference No	Cert Date	Disb Amount	DOV No	Check No	Pmt Meth
1	14JAN99-26FEB99 #1	12-MAY-1999	3996.66	135175	167233	EFT
2	03APR99-30APR99 #3	22-JUN-1999	12313.77	138986	407723	TCHEC
3	27FEB99-02APR99 #2	22-JUN-1999	3083.51	138987	407724	TCHEC
4	01MAY99-28MAY99 #4	28-JUL-1999	4454.84	142561	286345	EFT
5	29MAY99-02JUL99 #5	20-AUG-1999	923.79	144831	320102	EFT
6	03JUL99-30JUL99 #6	25-AUG-1999	6058.23	145954	331474	EFT
7	31JUL99-27AUG99 #7	08-OCT-1999	5404.78	149977	425431	EFT
8	28AUG99-01OCT99 #8	19-NOV-1999	13642.29	154960	505583	EFT
9	02OCT99-29OCT99 #9	19-NOV-1999	19218.16	154961	505600	EFT
10	30OCT99-26NOV99 #10	24-JAN-2000	11567.42	160381	612499	EFT

☐ RR ☐ Invoice ☐ Progress Pmts ☐ RV ☐ AP Transaction ☐ Check Register

Action Edit Block Field Record Query ESIG Help

Assigned Check No: 830108

Check No Trace: 1800048906

Replacement No:

Pmt Method: EFT

DSSN: 8736

Ea?:

Type: CONTRACT

FOA Code: C6

Check Date: 20-AUG-1999

Reference No: DACA45-98-D-0004

Amount: 923.79

Currency: US

Status: PRINTED

FC Amount: .000000

Payee: ROY F WESTON INC

PO BOX 8500 (S 6175)

PHILADELPHIA, PA 19178-6175

Certified By: AUTRY, SHIRLEY LE

Date Signed: 20-AUG-1999

Initial Signature: 473BDDF2E3FA1C5337E

Disbursing Officer's Signature: 37BD9ED9

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Press F2 to enter a query.

Record: 1/?

CIC #: 99EPA SUPERFUND
BILLED DATE 01-SEP-1999
CUSTOMER ORDER NUMBER DW96947840-0560
(DW96947840 - RAPID RESPONSE AT SAUGET AREA, IL IL980792006)

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

PAGE NO. 001

* ACCOUNTS OF *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *

D.O.VOUCHER NO. BU VOUCHER NO. BILL NO. PAID BY CHECK NO. COLLECTION VOU. NO.

28015866
PARTIAL # 11 02-AUG-1999 THRU 01-SEP-1999

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER
MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

BILLING ACCOUNTING CLASSIFICATION

68 20 X 8145.0000 [REDACTED] NA \$8,160.01 [REDACTED] \$8,160.01

LINE ITEM	MOA	DESCRIPTION	
000001	CONTRACT - OUTSIDE GOVERNMENT	[REDACTED]	
000001	CONTRACT - OUTSIDE GOVERNMENT	[REDACTED]	
000001	INHOUSE - LABOR	[REDACTED]	
000001	INHOUSE - LABOR	[REDACTED]	
000001	INHOUSE - LABOR	[REDACTED]	

SUBTOTAL

PARTIAL AMOUNT PAID \$8,160.01

PAYMENT DUE DATE 01-OCT-1999 PAY THIS AMOUNT \$.00

FUNDS AUTHORIZED: \$279,400.00
TOTAL BILLED AMOUNT: \$79,122.64
PREVIOUS BILLED AMOUNT: \$70,962.63
CURRENT BILLED AMOUNT: \$8,160.01
TOTAL FLUX BILLED: \$.00
PREVIOUS FLUX BILLED: \$.00
CURRENT FLUX BILLED: \$.00

CERTIFICATE OF OFFICE BILLED
I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS
STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE,
OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

DATE _____ AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER _____

TRANSACTION LISTING
OMAHA DISTRICTPage: 1
Date: 20-DEC-2001

CUSTOMER ORDER: DW96947840-0560

ACCOUNTING PERIOD: 08-1999

CONTRACT - OUTSIDE GOVERNMENT

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
16-AUG-1999	W59XQG90122578	DACA45-98-D-0004	0006		0001	CONSTSVCS		\$923.79
20-AUG-1999	W59XQG90122578	DACA45-98-D-0004	0006		0001	CONSTSVCS		\$6,058.23
26-AUG-1999	W59XQG90981001	99/5-13-1999B	NA		0035	TRANSPER		\$123.00
26-AUG-1999	W59XQG91122481	99/5-13-1999C	NA		0014	TRANSPER		\$123.00
26-AUG-1999	W59XQG91122480	99/5-13-1999C	NA		0013	TRANSPER		\$123.00

SUBTOTAL COST:

\$7,351.02

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor \$	G&A \$	Indirect \$	Total
30-AUG-1999	L35672	26-AUG-1999							\$808.99
SUBTOTAL CO						\$507.21	\$124.26	\$177.52	\$808.99
TOTAL COST:									\$8,160.01

 *** END OF REPORT - 20-DEC-2001 - 12:17 - SID G6CEFMP1 ***

CIC #: 99EPA SUPERFUND
BILLED DATE 02-AUG-1999
CUSTOMER ORDER NUMBER DW96947840-0560
(DW96947840 - RAPID RESPONSE AT SAUGET AREA, IL IL980792006)

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS

PAGE NO. 001

* ACCOUNTS OF *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *

D.O.VOUCHER NO. BU VOUCHER NO. BILL NO. PAID BY CHECK NO. COLLECTION VOU. NO.

28015050
PARTIAL # 10 01-JUL-1999 THRU 02-AUG-1999

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER
MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

BILLING ACCOUNTING CLASSIFICATION

68 20 X 8145.0000 [REDACTED] NA \$8,395.54 [REDACTED] \$8,395.54

LINE ITEM MOA DESCRIPTION

000001 CONTRACT - OUTSIDE GOVERNMENT
000001 CONTRACT - OUTSIDE GOVERNMENT
000001 INHOUSE - LABOR
000001 INHOUSE - LABOR
000001 INHOUSE - LABOR
000001 INHOUSE - LABOR

[REDACTED]

[REDACTED]

SUBTOTAL

PARTIAL AMOUNT PAID \$8,395.54

PAYMENT DUE DATE 01-SEP-1999 PAY THIS AMOUNT \$.00

FUNDS AUTHORIZED: \$279,400.00
TOTAL BILLED AMOUNT: \$70,962.63
PREVIOUS BILLED AMOUNT: \$62,567.09
CURRENT BILLED AMOUNT: \$8,395.54
TOTAL FLUX BILLED: \$.00
PREVIOUS FLUX BILLED: \$.00
CURRENT FLUX BILLED: \$.00

CERTIFICATE OF OFFICE BILLED
I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS
STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE,
OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

DATE _____

AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

TRANSACTION LISTING
OMAHA DISTRICT

CUSTOMER ORDER: DW96947840-0560

ACCOUNTING PERIOD: 07-1999

CONTRACT - OUTSIDE GOVERNMENT

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
15-JUL-1999	W59XQG90475641	99/3-13-99	NA		0025	TRANSPER		\$268.43
15-JUL-1999	W59XQG90435542	99/3-13-99	NA		0022	TRANSPER		\$268.43
16-JUL-1999	W59XQG90435549	99/3-13-99	NA		0022	TRANSPER		\$268.43
16-JUL-1999	W59XQG90475641	99/3-13-99	NA		0025	TRANSPER		\$268.43
16-JUL-1999	W59XQG90475641	99/3-13-99	NA		0025	TRANSPER		\$ -268.43
16-JUL-1999	W59XQG90435549	99/3-13-99	NA		0022	TRANSPER		\$ -268.43
27-JUL-1999	W59XQG90122578	DACA45-98-D-0004	0006		0001	CONSTSVCS		\$4,454.84
SUBTOTAL COST:								\$4,991.70

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor \$	G&A \$	Indirect \$	Total
02-JUL-1999	L21275	02-JUL-1999							\$595.70
12-JUL-1999	L21275	07-JUL-1999							\$448.31
19-JUL-1999	L21275	13-JUL-1999							\$634.02
19-JUL-1999	L21275	12-JUL-1999							\$298.87
19-JUL-1999	L35672	06-JUL-1999							\$248.92
30-JUL-1999	L21275	29-JUL-1999							\$281.80
30-JUL-1999	L21275	26-JUL-1999							\$149.44
30-JUL-1999	L35672	28-JUL-1999							\$746.78
SUBTOTAL CO						\$1,881.77	\$461.05	\$1,061.02	\$3,403.84
TOTAL COST:								\$8,395.54	

TOTAL COST: \$8,395.54*****
*** E N D O F R E P O R T - 20-DEC-2001 - 12:16 - SID G6CEFMP1 ***

<Replace>

Action Edit Block Field Record Query ESIG Help

Travel Order No: 902389G6

Employee: PATTI J THOMASON

Travel Order Date: 12-FEB-1999

Type: TEMPORARY DUTY

Obligation Line Items

Obligation	Obl Li No	Description	WI Cd	EOR	Approved Amount	Disbursed Amount	Travel Order Balance
902389G6	1	NON-GTR TRAVE	002DCL	21T2	61.75	61.75	0.00
99/3-13-99	0025	7617565650/23	002DCL	21T1	268.43	268.43	0.00

☐ View Funding

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Press <F2> or <F3> to query travel orders, <PGDN> to view individual line items.

Record: 1/1

ORDER FOR SUPPLIES OR SERVICES				Form Approved OMB No. 0704-0187 Expires Aug 31, 1992		PAGE 1	
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, Va 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington DC 20503.							
1. CONTRACT/PURCH ORDER NO. 99/3-13-99		2. DELIVERY ORDER NO. NA		3. DATE OF ORDER. 15-JUL-1999		4. REQUISITION/PURCH REQUEST NO. W59XQG90425414	
6. ISSUED BY		CODE		7. ADMINISTERED BY		CODE	
9. CONTRACTOR VENDOR ID: NB22399		CODE		FACILITY CODE		10. DELIVER TO FOB POINT BY	
NATIONS BANK CARD #22399 4486160000022399 P O BOX 650785 DALLAS, TX 75265-0785						11. MARK IF BUS. IS [] SMALL [] SMALL DIS- ADVANTAGED [] WOMEN-OWNED	
						12. DISCOUNT TERMS	
						13. MAIL INVOICES TO See Block 15	
14. SHIP TO		CODE		15. PAYMENT WILL BE MADE BY		CODE	
						MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
16. DELIVERY		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of the above numbered contract.					
PURCHASE		Reference your _____ furnish the following on terms specified herein.					
ACCEPTANCE. THE CONTRACT HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.							
NAME OF CONTRACTOR		SIGNATURE		TYPED NAME AND TITLE		DATE SIGNED	
<input type="checkbox"/>		If this box is marked, supplier must sign Acceptance and return the following number of copies:					
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE							
18. ITEM		19. SCHEDULE OF SUPPLIES/SERVICE		20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	
0001		7617585560/2303G6/GEORGE, M		.0000/		JB	
0002		7617565574/2356G6/MALIN		.0000/		JB	
*If quantity accepted by the Government is same as quantity ordered, indicate by x. If different, enter actual quantity accepted below quantity ordered and encircle.		24. UNITED STATES OF AMERICA				25. TOTAL	
		BY:				29. DIFFERENCES	
		CONTRACTING/ORDERING OFFICER					
26. QUANTITY IN COLUMN 20 HAS BEEN		27. REC RPT NO		28. D.O. VOUCHER NO.		30. INITIALS	
[] INSPECTED [X] RECEIVED [] ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED		000001					
15-JUL-1999 /S/ DARLENE E SKINNER		[] PARTIAL		32. PAID BY		33. AMT VERIFIED CORRECT FOR \$.00	
DATE SIGNATURE OF AUTHORIZED GOVERNMENT REP.		[X] FINAL					
36. I certify this amount is correct and proper for payment		31. PAYMENT				34. CHECK NUMBER	
		[] COMPLETE				35. BILL OF LADING NO.	
DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER		[] PARTIAL					
		[] FINAL					
37. REC'D AT		38. RECEIVED BY		39. DATE REC'D		40. TOTAL CONT.	
		DARLENE E SKINNER		15-JUL-1999		41. S/R ACCOUNT NUMBER	
						42. S/R VOUCHER NO.	

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0003	7617565575/2356G6/MAILN	.0000/	.0000	JB	\$.00
0004	761565576/2248G6/KRUSE	.0000/	.0000	JB	\$.00
0005	7617565587/2382G6/DUNKER	.0000/	.0000	JB	\$.00
0006	7617565589/2357G6/BECKER, D	.0000/	.0000	JB	\$.00
0007	7617565591/2309G6/STUBBE	.0000/	.0000	JB	\$.00
0008	7617565596/2355G6/QUANG	.0000/	.0000	JB	\$.00
0009	7617565597/2354G6/WICHMAN	.0000/	.0000	JB	\$.00
0010	7617565600/2363G6/FOX	.0000/	.0000	JB	\$.00
0011	7617565601/2362G6/HENLEY	.0000/	.0000	JB	\$.00
0012	7617565602/2262G6/KEYS	.0000/	.0000	JB	\$.00
0013	7617565602/2262G6/KEYS	.0000/	.0000	JB	\$.00
0014	7617565602/2262G6/KEYS	.0000/	.0000	JB	\$.00
0015	7617565603/2288G6/KOBLER	.0000/	.0000	JB	\$.00
0016	7617565605/2258G6/MAVIS	.0000/	.0000	JB	\$.00
0017	7617565609/2183G6/JORDAN	.0000/	.0000	JB	\$.00
0018	7617565614/2102G6/BAKDER	.0000/	.0000	JB	\$.00
0019	7617565615/2063G6/BETTS	.0000/	.0000	JB	\$.00
0020	7617565616/2056G6/TROST	.0000/	.0000	JB	\$.00
0021	7617565617/2393G6/ONEILL	.0000/	.0000	JB	\$.00
0022	7617565618/2385G6/GOUGER	.0000/	.0000	JB	\$.00
0023	7617565620/256G6/VADER	.0000/	.0000	JB	\$.00
0024	7617565642/2401G6/MICHALAK	.0000/	.0000	JB	\$.00
0025	7617565650/2389G6/THOMASON	.0000/	.0000	JB	\$.00
0026	7617565651/2366G6/ARMSTRONG	.0000/	.0000	JB	\$.00
0027	7617565651/2366G6/ARMSTRONG	.0000/	.0000	JB	\$.00
0028	7617565652/2384G6/SANIUK	.0000/	.0000	JB	\$.00
0029	7617565652/2384G6/SANIUK	.0000/	.0000	JB	\$.00
0030	7617565660/2024G6/GEIBEL	.0000/	.0000	JB	\$.00
0031	7617565662/2025G6/SCHWAFEL	.0000/	.0000	JB	\$.00
0032	7617565677/2454G6/SPENCE	.0000/	.0000	JB	\$.00
0033	7617565678/2453G6/LEAHY	.0000/	.0000	JB	\$.00
0034	7617565679/2452G6/WAGNER	.0000/	.0000	JB	\$.00
0035	7617565680/2450G6/HARTLEY	.0000/	.0000	JB	\$.00
0036	7617565685/2405G6/VANCLEEF	.0000/	.0000	JB	\$.00
0037	7617565687/2406G6/ZEBROWSKI	.0000/	.0000	JB	\$.00
0038	7617565688/2421G6/TIMP	.0000/	.0000	JB	\$.00
0039	7617565688/2421G6/TIMP	.0000/	.0000	JB	\$.00
0040	7617565690/2400G6/YOUNG	.0000/	.0000	JB	\$.00
0041	7617565691/2402G6/HARRIS	.0000/	.0000	JB	\$.00
0042	7617565692/2447G6/BRASCH	.0000/	.0000	JB	\$.00
0043	7604389972/1429G6/HINES	.0000/	.0000	JB	\$.00

ORDER FOR SUPPLIES OR SERVICES						Form Approved OMB No. 0704-0187 Expires Aug 31, 1992		PAGE 1	
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, Va 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington DC 20503.									
1. CONTRACT/PURCH ORDER NO. 99/3-13-99		2. DELIVERY ORDER NO. NA		3. DATE OF ORDER 15-JUL-1999		4. REQUISITION/PURCH REQUEST NO. W59XQG90425414		5. CERTIFIED FOR NATIONAL DEFENSE UNDER DMS REG 1	
6. ISSUED BY		CODE		7. ADMINISTERED BY		CODE		8. DELIVERY FOB [] DEST [] OTHER (See Schedule)	
9. CONTRACTOR VENDOR ID: NB22399		CODE		FACILITY CODE		10. DELIVER TO FOB POINT BY		11. MARK IF BUS. IS [] SMALL [] SMALL DIS- ADVANTAGED [] WOMEN-OWNED	
NATIONS BANK CARD #22399 4486160000022399 P O BOX 650785 DALLAS, TX 75265-0785						12. DISCOUNT TERMS			
						13. MAIL INVOICES TO		See Block 15	
14. SHIP TO		CODE		15. PAYMENT WILL BE MADE BY		CODE		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
16. DELIVERY		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of the above numbered contract.							
PURCHASE		Reference your _____ furnish the following on terms specified herein.							
ACCEPTANCE. THE CONTRACT HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.									
<div style="display: flex; justify-content: space-between;"> <div>NAME OF CONTRACTOR</div> <div>SIGNATURE</div> <div>TYPED NAME AND TITLE</div> <div>DATE SIGNED</div> </div> <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:									
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE									
18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE	23. AMOUNT	
0001	7617585560/2303G6/GEORGE, M			.0000/		.0000	JB	\$.00	\$774.51
0002	7617565574/2356G6/MALIN			.0000/		.0000	JB	\$.00	\$345.72
*If quantity accepted by the Government is same as quantity ordered, indicate by x. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA BY: _____ CONTRACTING/ORDERING OFFICER			25. TOTAL	\$14,600.16	
							29. DIFFERENCES		
26. QUANTITY IN COLUMN 20 HAS BEEN [] INSPECTED [X] RECEIVED [] ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED 16-JUL-1999 /S/ DARLENE E SKINNER DATE SIGNATURE OF AUTHORIZED GOVERNMENT REP.				27. REC RPT NO 000002		28. D.O. VOUCHER NO. ** MULTIPLE **		30. INITIALS	
				[] PARTIAL [X] FINAL		32. PAID BY 8736		33. AMT VERIFIED CORRECT FOR \$268.43	
				31. PAYMENT [] COMPLETE [] PARTIAL [] FINAL		05-AUG-99		34. CHECK NUMBER 0000444907	
36. I certify this amount is correct and proper for payment DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER								35. BILL OF LADING NO.	
37. REC'D AT	38. RECEIVED BY DARLENE E SKINNER			39. DATE REC'D 16-JUL-1999	40. TOTAL CONT.		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0003	7617565575/2356G6/MAILN	.0000/	.0000	JB	\$77.29
0004	761565576/2248G6/KRUSE	.0000/	.0000	JB	\$774.51
0005	7617565587/2382G6/DUNKER	.0000/	.0000	JB	\$775.60
0006	7617565589/2357G6/BECKER, D	.0000/	.0000	JB	\$228.92
0007	7617565591/2309G6/STUBBE	.0000/	.0000	JB	\$373.40
0008	7617565596/2355G6/QUANG	.0000/	.0000	JB	\$702.70
0009	7617565597/2354G6/WICHMAN	.0000/	.0000	JB	\$702.70
0010	7617565600/2363G6/FOX	.0000/	.0000	JB	\$726.17
0011	7617565601/2362G6/HENLEY	.0000/	.0000	JB	\$726.17
0012	7617565602/2262G6/KEYS	.0000/	.0000	JB	\$149.36
0013	7617565602/2262G6/KEYS	.0000/	.0000	JB	\$112.02
0014	7617565602/2262G6/KEYS	.0000/	.0000	JB	\$112.02
0015	7617565603/2288G6/KOBLER	.0000/	.0000	JB	\$420.94
0016	7617565605/2258G6/MAVIS	.0000/	.0000	JB	\$420.94
0017	7617565609/2183G6/JORDAN	.0000/	.0000	JB	\$420.94
0018	7617565614/2102G6/BAKDER	.0000/	.0000	JB	\$314.08
0019	7617565615/2063G6/BETTS	.0000/	.0000	JB	\$377.38
0020	7617565616/2056G6/TROST	.0000/	.0000	JB	\$209.11
0021	7617565617/2393G6/ONEILL	.0000/	.0000	JB	\$378.40
0022	7617565618/2385G6/GOUGER	.0000/	.0000	JB	\$268.43
0023	7617565620/256G6/VADER	.0000/	.0000	JB	\$288.34
0024	7617565642/2401G6/MICHALAK	.0000/	.0000	JB	\$325.87
0025	7617565650/2389G6/THOMASON	.0000/	.0000	JB	\$268.43
0026	7617565651/2366G6/ARMSTRONG	.0000/	.0000	JB	\$186.70
0027	7617565651/2366G6/ARMSTRONG	.0000/	.0000	JB	\$186.70
0028	7617565652/2384G6/SANIUK	.0000/	.0000	JB	\$186.70
0029	7617565652/2384G6/SANIUK	.0000/	.0000	JB	\$186.70
0030	7617565660/2024G6/GEIBEL	.0000/	.0000	JB	\$373.40
0031	7617565662/2025G6/SCHWAFEL	.0000/	.0000	JB	\$373.40
0032	7617565677/2454G6/SPENCE	.0000/	.0000	JB	\$133.85
0033	7617565678/2453G6/LEAHY	.0000/	.0000	JB	\$133.85
0034	7617565679/2452G6/WAGNER	.0000/	.0000	JB	\$167.52
0035	7617565680/2450G6/HARTLEY	.0000/	.0000	JB	\$167.52
0036	7617565685/2405G6/VANCLEEF	.0000/	.0000	JB	\$268.43
0037	7617565687/2406G6/ZEBROWSKI	.0000/	.0000	JB	\$268.43
0038	7617565688/2421G6/TIMP	.0000/	.0000	JB	\$334.30
0039	7617565688/2421G6/TIMP	.0000/	.0000	JB	\$334.30
0040	7617565690/2400G6/YOUNG	.0000/	.0000	JB	\$167.52
0041	7617565691/2402G6/HARRIS	.0000/	.0000	JB	\$167.52
0042	7617565692/2447G6/BRASCH	.0000/	.0000	JB	\$420.94
0043	7604389972/1429G6/HINES	.0000/	.0000	JB	\$268.43

USACE OMAHA DISTRICT
DARLENE SKINNER
215 N 17TH ST.
OMAHA NE 68102-4978

VISA ACCOUNT NUMBER

Page 4 of 35

INDIVIDUAL CARDHOLDER ACTIVITY

02-18	UNITED AIR 0167617565602OMAHA NE	02-16	377.00
REF:24792629048681931163025 MCC:3000 PHONE:			
NM:KEYS/V TKT:0167617565602 MVAT: CVAT: CC:			
OARP:OMA SVC:Y DARP:DEN FR: DEP:022299			
OARP:OMA SVC:Y DARP:OMA FR: DEP:022299			
02-18	UNITED AIR 0167617565618OMAHA NE	02-16	271.00
REF:24792629048681931163041 MCC:3000 PHONE:			
NM:GOUGER/T TKT:0167617565618 MVAT: CVAT: CC:			
OARP:OMA SVC:Y DARP:ORD FR: DEP:021799			
OARP:OMA SVC:Y DARP:OMA FR: DEP:021799			
02-18	UNITED AIR 0167617565650OMAHA NE	02-16	271.00 D
REF:24792629048681931163116 MCC:3000 PHONE:			
NM:THOMASON/P TKT:0167617565650 MVAT: CVAT: CC:			
OARP:OMA SVC:Y DARP:ORD FR: DEP:021799			
OARP:OMA SVC:Y DARP:OMA FR: DEP:021799			
02-18	NWA AIR 0127617565600OMAHA NE	02-16	733.11 D
REF:24717059048580481124738 MCC:3060 PHONE:			
NM:FOX/R TKT:0127617565600 MVAT: CVAT: CC:			
OARP:RAP SVC:B DARP:MSP FR: DEP:022199			
OARP:RAP SVC:B DARP:GFK FR: DEP:022199			
OARP:RAP SVC:BX DARP:MSP FR: DEP:022199			
OARP:RAP SVC:B DARP:RAP FR: DEP:022199			
02-18	NWA AIR 0127617565601OMAHA NE	02-16	733.11 D
REF:24717059048580481124748 MCC:3060 PHONE:			
NM:HENLEY/S TKT:0127617565601 MVAT: CVAT: CC:			
OARP:RAP SVC:B DARP:MSP FR: DEP:022199			
OARP:RAP SVC:B DARP:GFK FR: DEP:022199			
OARP:RAP SVC:BX DARP:MSP FR: DEP:022199			
OARP:RAP SVC:B DARP:RAP FR: DEP:022199			
02-18	NWA AIR 0127617565620OMAHA NE	02-16	291.00 DI
REF:24717059048580481124787 MCC:3060 PHONE:			
NM:VADEPVD TKT:0127617565620 MVAT: CVAT: CC:			
OARP:OMA SVC:H DARP:MSP FR: DEP:021799			
OARP:OMA SVC:H DARP:RAP FR: DEP:021799			
OARP:OMA SVC:HX DARP:MSP FR: DEP:021799			
OARP:OMA SVC:H DARP:OMA FR: DEP:021799			
02-18	DELTA AIR 0067617565611OMAHA NE	02-16	317.00 DF
REF:24399009048360524496140 MCC:3058 PHONE:			
NM:CINTRON/M TKT:0067617565611 MVAT: CVAT: CC:			
OARP:OMA SVC:Y DARP:CVG FR: DEP:022199			
OARP:OMA SVC:Y DARP:RIC FR: DEP:022199			
OARP:OMA SVC:YX DARP:CVG FR: DEP:022199			
OARP:OMA SVC:Y DARP:OMA FR: DEP:022199			

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as indicated in items 2 through 21							1. DATE OF REQUEST 19-JUL-1999	
REQUEST FOR OFFICIAL TRAVEL								
2.NAME (Last,First,Middle Initial) SSN THOMASON, PATTI J					3.POSITION TITLE AND GRADE OR RATING INDUSTRIAL HYGIENIST GS12			
4.OFFICIAL STATION INDUSTRIAL HYGIENE SECTION OMAHA, NE					5.ORGANIZATIONAL ELEMENT CENWO-ED-GI		6.PHONE NO. 402-221-7690	
7.TYPE OF ORDERS TEMPORARY DUTY			8.SECURITY CLEARANCE 17-FEB-1999		9.PURPOSE OF TDY ATTEND MEETING WITH EPA REGION V RPM AND PRP TO DI SCUSS SAUGET SF SITE PLANS FOR RI/PS AND EE/CA. CATEGORY INFORMATION MEETING			
10a.APPROX NO. DAYS OF TDY (Including travel time) 1			b.PROCEED O/A (DATE) 17-FEB-1999					
11.ITINERARY <input checked="" type="checkbox"/> VARIATION AUTHORIZED LEG: 1 OF 1 AMENDMENT NUMBER: 1 FROM: OMAHA / DOUGLAS NEBRASKA PROCEED ON 17-FEB-1999 AT 620 HRS TO : CHICAGO / COOK ILLINOIS DEPART ON 17-FEB-1999 AT 2200 HRS								
12.MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE								
COMMERCIAL				GOVERNMENT			PRIVATELY OWNED CONVEYANCE (Check one)	
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: 0.0000	
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)							<input type="checkbox"/> More advantageous to government	
							<input type="checkbox"/> Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.	
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)								
14.ESTIMATED COST							15.ADVANCE AUTHORIZED	
PER DIEM \$46.00		TRAVEL \$268.43		OTHER \$40.00		TOTAL \$354.43		\$.00
16.REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) See Attached For Additional Remarks TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.								
17.REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ DARLENE E SKINNER TRANSPORTATION ASSISTANT 19-JUL-1999					18.APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ DARLENE E SKINNER TRANSPORTATION ASSISTANT 19-JUL-1999			
AUTHORIZATION								
19.ACCOUNTING CITATION <div style="background-color: black; width: 400px; height: 20px; margin-bottom: 5px;"></div> <div style="float: right;">1004</div>								
20.ORDER AUTHORIZING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ DARLENE E SKINNER LOGISTICS MANAGEMENT OFFICE 9501 JOHN J. PERSHING DR. OMAHA, NE68112							21.DATE ISSUED 19-JUL-1999	
							22.TRAVEL ORDER NUMBER 902389G6	

U.S. ARMY CORPS OF ENGINEERS
REQUEST FOR OFFICIAL TRAVEL

DATE ISSUED
19-JUL-1999

NAME (Last, First)
THOMASON, PATTI J

TRAVEL ORDER NUMBER
902389G6

16. REMARKS

USE OF TAXIS IN THE AREA OF THE TDY LOCATION APPROVED AS MORE ADVANTAGEOUS TO THE GOVERNMENT.
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TICKET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
LONG DISTANCE PHONE CALLS/FAX ARE APPROVED FOR OFFICIAL GOVERNMENT BUSINESS
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVERNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as indicated in items 2 through 21						1. DATE OF REQUEST 12-FEB-1999	
REQUEST FOR OFFICIAL TRAVEL							
2.NAME (Last,First,Middle Initial) SSN THOMASON, PATTI J				3.POSITION TITLE AND GRADE OR RATING INDUSTRIAL HYGIENIST GS12			
4.OFFICIAL STATION INDUSTRIAL HYGIENE SECTION OMAHA, NE				5.ORGANIZATIONAL ELEMENT CENWO-ED-GI		6.PHONE NO. 402-221-7690	
7.TYPE OF ORDERS TEMPORARY DUTY			8.SECURITY CLEARANCE		9.PURPOSE OF TDY ATTEND MEETING WITH EPA REGION V RPM AND PRP TO DI SCUSS SAUGET SF SITE PLANS FOR RI/FS AND EE/CA. CATEGORY INFORMATION MEETING		
10a.APPROX NO. DAYS OF TDY (Including travel time) 1			b.PROCEED O/A (DATE) 17-FEB-1999				
11.ITINERARY <input checked="" type="checkbox"/> VARIATION AUTHORIZED LEG: 1 OF 1 AMENDMENT NUMBER: 0 FROM: OMAHA / DOUGLAS NEBRASKA PROCEED ON 17-FEB-1999 AT 620 HRS TO : CHICAGO / COOK ILLINOIS DEPART ON 17-FEB-1999 AT 2200 HRS							
12.MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE							
COMMERCIAL				GOVERNMENT		PRIVATELY OWNED CONVEYANCE (Check one)	
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: 0.0000
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)						<input type="checkbox"/> More advantageous to government	
						<input type="checkbox"/> Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.	
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM(Specify)							
14.ESTIMATED COST						15.ADVANCE AUTHORIZED	
PER DIEM \$46.00		TRAVEL \$271.00		OTHER \$40.00		TOTAL \$357.00	
16.REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) See Attached For Additional Remarks TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.							
17.REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ CHERYL A DAVIS NER SUPERVISORY INDUSTRIAL HYGIENI 12-FEB-1999				18.APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JOHN W MONZINGO ER SUPERVISORY CIVIL ENGINEER 16-FEB-1999			
AUTHORIZATION							
19.ACCOUNTING CITATION <div style="background-color: black; width: 400px; height: 15px; margin-bottom: 5px;"></div> 100%							
20.ORDER AUTHORIZING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ MARILYN B MIKULA LOGISTICS MANAGEMENT OFFICE 9501 JOHN J. PERSHING DR. OMAHA, NE68112						21.DATE ISSUED 16-FEB-1999	
						22.TRAVEL ORDER NUMBER 902389G6	

U.S. ARMY CORPS OF ENGINEERS
REQUEST FOR OFFICIAL TRAVEL

DATE ISSUED
12-FEB-1999

NAME (Last, First)
THOMASON, PATTI J

TRAVEL ORDER NUMBER
902389G6

16. REMARKS

USE OF TAXIS IN THE AREA OF THE TDY LOCATION APPROVED AS MORE ADVANTAGEOUS TO THE GOVERNMENT.
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TICKET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
LONG DISTANCE PHONE CALLS/FAX ARE APPROVED FOR OFFICIAL GOVERNMENT BUSINESS
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVERNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

ADMINISTRATIVE, CRIMINAL OR OTHER ADVERSE ACTION. USE OF THIS SYSTEM

```
+-- v2.1.43 ----- OBLIGATION LINE ITEM STATUS ----- STAT.2 --+
| OBLIGATION NO: 99/3-13-99      DELIVERY ORDER: NA      OBLIGATION LI: 0025 |
| AMENDMENT NO: 0                AMEND DATE: 09-JUL-1999  FREIGHT:    FAST PAY: |
|   WORK ITEM: 002DCM            FUND ACCOUNT: G625294      PROGRESS PAY: |
| FUND CITATION: 96NAX3122      AMSCO: 015558              RESOURCE: TRANSPER |
| DESCRIPTION: COMMERCIAL TRANSPORTATION                    ALLOT: 2417 EOR: 21T1 |
+----- <PGDN> EXECUTE QUERY -----+
| RV NO    CUSTOMER INV NO      SCHD DATE    DISB AMOUNT  DOV NO CHECK NO  PAYM |
| 25       NATIONS BANK 2399    05-AUG-1999    268.43  143037  444907    TCHEC |
|
|
|
|
|
|
+-----+
| <Ctrl F1> RECEIVING RPT  <Ctrl F2> INVOICE    <Ctrl F3> PROGRESS PAYMENTS |
| <Ctrl F4> RECEIPT VOUCHER <Ctrl F5> AP TRANSACTION <Ctrl F6> CHECK REGISTER |
+-----+
|                               F10 EXIT -----+
|
```

Count: *1

<Replace>

Action Edit Block Field Record Query ESIG Help

Assigned Check No: 844207

Check No Trace: 1800047998

Replacement No:

Pmt Method: TCHEC DSSN: 8736

Ea?:

Type: CONTRACT

FOA Code: G6

Check Date: 05-AUG-1999

Reference No: 99/3-13-99

Amount: 75089.84

Currency: US

Status: PRINTED

FC Amount: .000000

Payee: NATIONS BANK CARD SERVICE

P O BOX 650785

DALLAS, TX 75265-0785

Certified By: MORGAN, JAMES R SR

Date Signed: 05-AUG-1999

Initial Signature: 80306D579665194737A

Disbursing Officer's Signature: BB34D014672501C437A

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Press F2 to enter a query.

Record: 1/?

```

+-----+
| OBLI NO: 99/3-13-99          FUND TYPE: F    FAST PAY:      REVERSAL: |
| DELIV. ORDER NO: NA          APPROP STATUS: C  RCVR:         |
| LINE ITEM NO: 0022           APPROP TYPE: ?    DEBTOR BILL NO: |
| RECEIVING RPT NO:            EAID NO:          MOA: C2        ACCT PHASE: E5A |
| INVOICE NO:                  ACCRUAL IND:       EOR: 21T1     TRANS DATE: 16-JUL-1999 |
| FAR ORDER NO: DW96947840-0560 COST TYPE: WIP   EFFECT DATE: 16-JUL-1999 |
| FUND WORK ITEM: 002DCL       RESOURCE CODE: TRANSPER        TBO DISB.: |
| RESOURCE PLAN: 1             WORK CATEGORY: 32207    TRANS TYPE: APR |
| MGT STRUCTURE: 015558       WORK CAT ELEM: 99998    PAYEE CLASS: |
| APPROPRIATION: [REDACTED]    PERIOD: 199907 |
| TRANSACTION ID: 2107820     GL CORR ID: AP910      GL NOT POSTED?: |
| PROP CAT CODE:              SOURCE: GTRREC V      TBO RPT NUMBER: |
+-----+
| GL ACCT  DR/CR  ACCOUNT NAME  DEBIT AMT  CREDIT AMT |
| 1311.25  D     [REDACTED]     268.43      |
| 4252.00  D     [REDACTED]     268.43      |
| 4821.00  D     [REDACTED]     268.43      |
| 6500.32  D     [REDACTED]     268.43      |
| 2113.00  C     [REDACTED]           268.43 |
+ <F2> ENTER QUERY ----- <F3> EXECUTE QUERY ----- <F10> EXIT +-

```

Action Edit Block Field Record Query ESIG Help

Travel Order No: 902385G6

Employee: TIMOTHY P GOUGER

Travel Order Date: 12-FEB-1999

Type: TEMPORARY DUTY

Obligation Line Items

Obligation	Obli Li No	Description	WI Cd	EOR	Approved Amount	Disbursed Amount	Travel Order Balance	
902385G6	1	NON-CTR TRAVE	002DCL	21T2	53.25	53.25	0.00	▲
99/3-13-99	0022	7617565618/23	002DCL	21T1	268.43	268.43	0.00	
								▼

☐ View Funding

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Press <F2> or <F3> to query travel orders, <PGDN> to view individual line items.

Record: 1/1

ORDER FOR SUPPLIES OR SERVICES						Form Approved OMB No. 0704-0187 Expires Aug 31, 1992		PAGE 1	
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, Va 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington DC 20503.									
1. CONTRACT/PURCH ORDER NO. 99/3-13-99		2. DELIVERY ORDER NO. NA		3. DATE OF ORDER. 15-JUL-1999		4. REQUISITION/PURCH REQUEST NO. W59XQG90425414		5. CERTIFIED FOR NATIONAL DEFENSE UNDER DMS REG 1	
6. ISSUED BY			CODE		7. ADMINISTERED BY			CODE	
								8. DELIVERY FOB [] DEST [] OTHER (See Schedule)	
9. CONTRACTOR VENDOR ID: NB22399			CODE		FACILITY CODE		10. DELIVER TO FOB POINT BY		11. MARK IF BUS. IS
NATIONS BANK CARD #22399 4486160000022399 P O BOX 650785 DALLAS, TX 75265-0785							12. DISCOUNT TERMS		[] SMALL [] SMALL DIS- ADVANTAGED [] WOMEN-OWNED
							13. MAIL INVOICES TO		See Block 15
14. SHIP TO			CODE		15. PAYMENT WILL BE MADE BY			CODE	
								MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
16. DELIVERY		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of the above numbered contract.							
PURCHASE		Reference your _____ furnish the following on terms specified herein.							
ACCEPTANCE. THE CONTRACT HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.									
NAME OF CONTRACTOR		SIGNATURE		TYPED NAME AND TITLE				DATE SIGNED	
<input type="checkbox"/>		If this box is marked, supplier must sign Acceptance and return the following number of copies:							
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE									
18. ITEM		19. SCHEDULE OF SUPPLIES/SERVICE		20. QUANTITY ORDERED/ACCEPTED*		21. UNIT		22. UNIT PRICE	
0001		7617585560/2303G6/GEORGE, M		.0000/		.0000		JB	
0002		7617565574/2356G6/MALIN		.0000/		.0000		JB	
*If quantity accepted by the Government is same as quantity ordered, indicate by x. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA				25. TOTAL	
				BY: _____				\$14,600.16	
				CONTRACTING/ORDERING OFFICER				29. DIFFERENCES	
26. QUANTITY IN COLUMN 20 HAS BEEN				27. REC RPT NO 000002		28. D.O. VOUCHER NO. ** MULTIPLE **		30. INITIALS	
[] INSPECTED [X] RECEIVED [] ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED				[] PARTIAL [X] FINAL					
16-JUL-1999 /S/ DARLENE E SKINNER DATE SIGNATURE OF AUTHORIZED GOVERNMENT REP.				31. PAYMENT		32. PAID BY 8736		33. AMT VERIFIED CORRECT FOR \$268.43	
36. I certify this amount is correct and proper for payment				[] COMPLETE [] PARTIAL [] FINAL		05-AUG-99		34. CHECK NUMBER 0000444907	
DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER								35. BILL OF LADING NO.	
37. REC'D AT		38. RECEIVED BY DARLENE E SKINNER		39. DATE REC'D 16-JUL-1999		40. TOTAL CONT.		41. S/R ACCOUNT NUMBER	
								42. S/R VOUCHER NO.	

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0003	7617565575/2356G6/MAILN	.0000/	.0000	JB	\$77.29
0004	761565576/2248G6/KRUSE	.0000/	.0000	JB	\$774.51
0005	7617565587/2382G6/DUNKER	.0000/	.0000	JB	\$775.60
0006	7617565589/2357G6/BECKER, D	.0000/	.0000	JB	\$228.92
0007	7617565591/2309G6/STUBBE	.0000/	.0000	JB	\$373.40
0008	7617565596/2355G6/QUANG	.0000/	.0000	JB	\$702.70
0009	7617565597/2354G6/WICHMAN	.0000/	.0000	JB	\$702.70
0010	7617565600/2363G6/FOX	.0000/	.0000	JB	\$726.17
0011	7617565601/2362G6/HENLEY	.0000/	.0000	JB	\$726.17
0012	7617565602/2262G6/KEYS	.0000/	.0000	JB	\$149.36
0013	7617565602/2262G6/KEYS	.0000/	.0000	JB	\$112.02
0014	7617565602/2262G6/KEYS	.0000/	.0000	JB	\$112.02
0015	7617565603/2288G6/KOBLER	.0000/	.0000	JB	\$420.94
0016	7617565605/2258G6/MAVIS	.0000/	.0000	JB	\$420.94
0017	7617565609/2183G6/JORDAN	.0000/	.0000	JB	\$420.94
0018	7617565614/2102G6/BAKDER	.0000/	.0000	JB	\$314.08
0019	7617565615/2063G6/BETTS	.0000/	.0000	JB	\$377.38
0020	7617565616/2056G6/TROST	.0000/	.0000	JB	\$209.11
0021	7617565617/2393G6/ONEILL	.0000/	.0000	JB	\$378.40
0022	7617565618/2385G6/GOUGER	.0000/	.0000	JB	\$268.43
0023	7617565620/256G6/VADER	.0000/	.0000	JB	\$288.34
0024	7617565642/2401G6/MICHALAK	.0000/	.0000	JB	\$325.87
0025	7617565650/2389G6/THOMASON	.0000/	.0000	JB	\$268.43
0026	7617565651/2366G6/ARMSTRONG	.0000/	.0000	JB	\$186.70
0027	7617565651/2366G6/ARMSTRONG	.0000/	.0000	JB	\$186.70
0028	7617565652/2384G6/SANIUK	.0000/	.0000	JB	\$186.70
0029	7617565652/2384G6/SANIUK	.0000/	.0000	JB	\$186.70
0030	7617565660/2024G6/GEIBEL	.0000/	.0000	JB	\$373.40
0031	7617565662/2025G6/SCHWAFEL	.0000/	.0000	JB	\$373.40
0032	7617565677/2454G6/SPENCE	.0000/	.0000	JB	\$133.85
0033	7617565678/2453G6/LEAHY	.0000/	.0000	JB	\$133.85
0034	7617565679/2452G6/WAGNER	.0000/	.0000	JB	\$167.52
0035	7617565680/2450G6/HARTLEY	.0000/	.0000	JB	\$167.52
0036	7617565685/2405G6/VANCLEEF	.0000/	.0000	JB	\$268.43
0037	7617565687/2406G6/ZEBROWSKI	.0000/	.0000	JB	\$268.43
0038	7617565688/2421G6/TIMP	.0000/	.0000	JB	\$334.30
0039	7617565688/2421G6/TIMP	.0000/	.0000	JB	\$334.30
0040	7617565690/2400G6/YOUNG	.0000/	.0000	JB	\$167.52
0041	7617565691/2402G6/HARRIS	.0000/	.0000	JB	\$167.52
0042	7617565692/2447G6/BRASCH	.0000/	.0000	JB	\$420.94
0043	7604389972/1429G6/HINES	.0000/	.0000	JB	\$268.43

ORDER FOR SUPPLIES OR SERVICES						Form Approved OMB No. 0704-0187 Expires Aug 31, 1992		PAGE 1	
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, Va 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington DC 20503.									
1. CONTRACT/PURCH ORDER NO. 99/3-13-99		2. DELIVERY ORDER NO. NA		3. DATE OF ORDER. 15-JUL-1999		4. REQUISITION/PURCH REQUEST NO. W59XQG90425414		5. CERTIFIED FOR NATIONAL DEFENSE UNDER DMS REG 1	
6. ISSUED BY		CODE		7. ADMINISTERED BY		CODE		8. DELIVERY FOB [] DEST [] OTHER (See Schedule)	
9. CONTRACTOR VENDOR ID: NB22399		CODE		FACILITY CODE		10. DELIVER TO FOB POINT BY		11. MARK IF BUS. IS [] SMALL [] SMALL DIS- ADVANTAGED [] WOMEN-OWNED	
NATIONS BANK CARD #22399 4486160000022399 P O BOX 650785 DALLAS, TX 75265-0785						12. DISCOUNT TERMS			
						13. MAIL INVOICES TO See Block 15			
14. SHIP TO		CODE		15. PAYMENT WILL BE MADE BY		CODE		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
16. DELIVERY		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of the above numbered contract.							
PURCHASE		Reference your _____ furnish the following on terms specified herein.							
ACCEPTANCE. THE CONTRACT HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.									
NAME OF CONTRACTOR		SIGNATURE		TYPED NAME AND TITLE		DATE SIGNED			
If this box is marked, supplier must sign Acceptance and return the following number of copies:									
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE									
18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE	23. AMOUNT	
0001	7617585560/2303G6/GEORGE, M			.0000/		.0000	JB	\$.00	\$.00
0002	7617565574/2356G6/MALIN			.0000/		.0000	JB	\$.00	\$.00
*If quantity accepted by the Government is same as quantity ordered, indicate by x. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA			25. TOTAL		\$.00
				BY: _____			29. DIFFERENCES		
				CONTRACTING/ORDERING OFFICER					
26. QUANTITY IN COLUMN 20 HAS BEEN				27. REC RPT NO 000001		28. D.O. VOUCHER NO.		30. INITIALS	
[] INSPECTED [X] RECEIVED [] ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED				[] PARTIAL [X] FINAL					
15-JUL-1999 /S/ DARLENE E SKINNER DATE SIGNATURE OF AUTHORIZED GOVERNMENT REP.				31. PAYMENT		32. PAID BY		33. AMT VERIFIED CORRECT FOR \$.00	
36. I certify this amount is correct and proper for payment				[] COMPLETE [] PARTIAL [] FINAL				34. CHECK NUMBER	
DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER								35. BILL OF LADING NO.	
37. REC'D AT	38. RECEIVED BY DARLENE E SKINNER			39. DATE REC'D 15-JUL-1999		40. TOTAL CONT.		41. S/R ACCOUNT NUMBER	
									42. S/R VOUCHER NO.

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0003	7617565575/2356G6/MAILN	.0000/	.0000	JB	\$.00
0004	761565576/2248G6/KRUSE	.0000/	.0000	JB	\$.00
0005	7617565587/2382G6/DUNKER	.0000/	.0000	JB	\$.00
0006	7617565589/2357G6/BECKER, D	.0000/	.0000	JB	\$.00
0007	7617565591/2309G6/STUBBE	.0000/	.0000	JB	\$.00
0008	7617565596/2355G6/QUANG	.0000/	.0000	JB	\$.00
0009	7617565597/2354G6/WICHMAN	.0000/	.0000	JB	\$.00
0010	7617565600/2363G6/FOX	.0000/	.0000	JB	\$.00
0011	7617565601/2362G6/HENLEY	.0000/	.0000	JB	\$.00
0012	7617565602/2262G6/KEYS	.0000/	.0000	JB	\$.00
0013	7617565602/2262G6/KEYS	.0000/	.0000	JB	\$.00
0014	7617565602/2262G6/KEYS	.0000/	.0000	JB	\$.00
0015	7617565603/2288G6/KOBLER	.0000/	.0000	JB	\$.00
0016	7617565605/2258G6/MAVIS	.0000/	.0000	JB	\$.00
0017	7617565609/2183G6/JORDAN	.0000/	.0000	JB	\$.00
0018	7617565614/2102G6/BAKDER	.0000/	.0000	JB	\$.00
0019	7617565615/2063G6/BETTS	.0000/	.0000	JB	\$.00
0020	7617565616/2056G6/TROST	.0000/	.0000	JB	\$.00
0021	7617565617/2393G6/ONEILL	.0000/	.0000	JB	\$.00
0022	7617565618/2385G6/GOUGER	.0000/	.0000	JB	\$.00
0023	7617565620/256G6/VADER	.0000/	.0000	JB	\$.00
0024	7617565642/2401G6/MICHALAK	.0000/	.0000	JB	\$.00
0025	7617565650/2389G6/THOMASON	.0000/	.0000	JB	\$.00
0026	7617565651/2366G6/ARMSTRONG	.0000/	.0000	JB	\$.00
0027	7617565651/2366G6/ARMSTRONG	.0000/	.0000	JB	\$.00
0028	7617565652/2384G6/SANIUK	.0000/	.0000	JB	\$.00
0029	7617565652/2384G6/SANIUK	.0000/	.0000	JB	\$.00
0030	7617565660/2024G6/GEIBEL	.0000/	.0000	JB	\$.00
0031	7617565662/2025G6/SCHWAFEL	.0000/	.0000	JB	\$.00
0032	7617565677/2454G6/SPENCE	.0000/	.0000	JB	\$.00
0033	7617565678/2453G6/LEAHY	.0000/	.0000	JB	\$.00
0034	7617565679/2452G6/WAGNER	.0000/	.0000	JB	\$.00
0035	7617565680/2450G6/HARTLEY	.0000/	.0000	JB	\$.00
0036	7617565685/2405G6/VANCLEEF	.0000/	.0000	JB	\$.00
0037	7617565687/2406G6/ZEBROWSKI	.0000/	.0000	JB	\$.00
0038	7617565688/2421G6/TIMP	.0000/	.0000	JB	\$.00
0039	7617565688/2421G6/TIMP	.0000/	.0000	JB	\$.00
0040	7617565690/2400G6/YOUNG	.0000/	.0000	JB	\$.00
0041	7617565691/2402G6/HARRIS	.0000/	.0000	JB	\$.00
0042	7617565692/2447G6/BRASCH	.0000/	.0000	JB	\$.00
0043	7604389972/1429G6/HINES	.0000/	.0000	JB	\$.00

USACE OMAHA DISTRICT
DARLENE SKINNER
215 N 17TH ST.
OMAHA NE 68102-4978

VISA ACCOUNT NUMBER [REDACTED]

Page 4 of 35

INDIVIDUAL CARDHOLDER ACTIVITY

02-18	UNITED AIR 0167617565602OMAHA NE	02-16	377.00	DR
REF:24792629048681931163025 MCC:3000 PHONE:				
NM:KEYSV TKT:0167617565602 MVAT: CVAT: CC:				
OARP:OMA SVC:Y DARP:DEN FR: DEP:022299				
OARP:OMA SVC:Y DARP:OMA FR: DEP:022299				
02-18	UNITED AIR 0167617565618OMAHA NE	02-16	271.00	DR
REF:24792629048681931163041 MCC:3000 PHONE:				
NM:GOUGER/T TKT:0167617565618 MVAT: CVAT: CC:				
OARP:OMA SVC:Y DARP:ORD FR: DEP:021799				
OARP:OMA SVC:Y DARP:OMA FR: DEP:021799				
02-18	UNITED AIR 0167617565650OMAHA NE	02-16	271.00	DR
REF:24792629048681931163116 MCC:3000 PHONE:				
NM:THOMASON/P TKT:0167617565650 MVAT: CVAT: CC:				
OARP:OMA SVC:Y DARP:ORD FR: DEP:021799				
OARP:OMA SVC:Y DARP:OMA FR: DEP:021799				
02-18	NWA AIR 0127617565600OMAHA NE	02-16	733.11	DR
REF:24717059048580481124738 MCC:3060 PHONE:				
NM:FOX/R TKT:0127617565600 MVAT: CVAT: CC:				
OARP:RAP SVC:B DARP:MSP FR: DEP:022199				
OARP:RAP SVC:B DARP:GFK FR: DEP:022199				
OARP:RAP SVC:BX DARP:MSP FR: DEP:022199				
OARP:RAP SVC:B DARP:RAP FR: DEP:022199				
02-18	NWA AIR 0127617565601OMAHA NE	02-16	733.11	DR
REF:24717059048580481124746 MCC:3060 PHONE:				
NM:HENLEY/S TKT:0127617565601 MVAT: CVAT: CC:				
OARP:RAP SVC:B DARP:MSP FR: DEP:022199				
OARP:RAP SVC:B DARP:GFK FR: DEP:022199				
OARP:RAP SVC:BX DARP:MSP FR: DEP:022199				
OARP:RAP SVC:B DARP:RAP FR: DEP:022199				
02-18	NWA AIR 0127617565620OMAHA NE	02-16	291.00	DR
REF:24717059048580481124787 MCC:3060 PHONE:				
NM:VADER/D TKT:0127617565620 MVAT: CVAT: CC:				
OARP:OMA SVC:H DARP:MSP FR: DEP:021799				
OARP:OMA SVC:H DARP:RAP FR: DEP:021799				
OARP:OMA SVC:HX DARP:MSP FR: DEP:021799				
OARP:OMA SVC:H DARP:OMA FR: DEP:021799				
02-18	DELTA AIR 0067617565611OMAHA NE	02-16	317.00	DR
REF:24399009048360524496140 MCC:3058 PHONE:				
NM:CINTRON/M TKT:0067617565611 MVAT: CVAT: CC:				
OARP:OMA SVC:Y DARP:CVG FR: DEP:022199				
OARP:OMA SVC:Y DARP:RIC FR: DEP:022199				
OARP:OMA SVC:YX DARP:CVG FR: DEP:022199				
OARP:OMA SVC:Y DARP:OMA FR: DEP:022199				

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as indicated in items 2 through 21							1. DATE OF REQUEST 19-JUL-1999	
REQUEST FOR OFFICIAL TRAVEL								
2. NAME (Last, First, Middle Initial) SSN GOUGER, TIMOTHY P				3. POSITION TITLE AND GRADE OR RATING ENVIRONMENTAL ENGINEER GS12				
4. OFFICIAL STATION RAPID RESPONSE RESIDENT OFFICE OFFUTT, AFB, NE				5. ORGANIZATIONAL ELEMENT CENWO-CD-FC-R		6. PHONE NO. 402-293-2514		
7. TYPE OF ORDERS TEMPORARY DUTY			8. SECURITY CLEARANCE		9. PURPOSE OF TDY TECH SUPPORT CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL			
10a. APPROX NO. DAYS OF TDY (Including travel time) 1			b. PROCEED O/A (DATE) 17-FEB-1999					
11. ITINERARY <input checked="" type="checkbox"/> VARIATION AUTHORIZED LEG: 1 OF 1 AMENDMENT NUMBER: 1 FROM: OMAHA / DOUGLAS NEBRASKA PROCEED ON 17-FEB-1999 AT 600 HRS TO : CHICAGO / DU PAGE, COOK & LAKE ILLINOIS DEPART ON 17-FEB-1999 AT 1900 HRS								
12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE								
COMMERCIAL				GOVERNMENT			PRIVATELY OWNED CONVEYANCE (Check one)	
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: 0.0000	
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)							<input type="checkbox"/> More advantageous to government <input type="checkbox"/> Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.	
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)								
14. ESTIMATED COST							15. ADVANCE AUTHORIZED	
PER DIEM \$162.00		TRAVEL \$318.43		OTHER \$50.00		TOTAL \$530.43		\$.00
16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) See Attached For Additional Remarks TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.								
17. REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ DARLENE E SKINNER TRANSPORTATION ASSISTANT 19-JUL-1999					18. APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ DARLENE E SKINNER TRANSPORTATION ASSISTANT 19-JUL-1999			
AUTHORIZATION								
19. ACCOUNTING CITATION <div style="background-color: black; width: 400px; height: 20px; margin-bottom: 5px;"></div> <div style="float: right;">100%</div>								
20. ORDER AUTHORIZING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ DARLENE E SKINNER LOGISTICS MANAGEMENT OFFICE 9501 JOHN J. PERSHING DR. OMAHA, NE 68112							21. DATE ISSUED 19-JUL-1999	
							22. TRAVEL ORDER NUMBER 90238506	

U.S. ARMY CORPS OF ENGINEERS
REQUEST FOR OFFICIAL TRAVEL

DATE ISSUED
19-JUL-1999

NAME (Last, First)
GOUGER, TIMOTHY P

TRAVEL ORDER NUMBER
902385G6

16. REMARKS

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TICKET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVERNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as indicated in items 2 through 21						1. DATE OF REQUEST 12-FEB-1999	
REQUEST FOR OFFICIAL TRAVEL							
2.NAME (Last,First,Middle Initial) SSN GOUGER, TIMOTHY P				3.POSITION TITLE AND GRADE OR RATING ENVIRONMENTAL ENGINEER GS12			
4.OFFICIAL STATION RAPID RESPONSE RESIDENT OFFICE OFFUTT, AFB, NE				5.ORGANIZATIONAL ELEMENT CENWO-CD-FC-R		6.PHONE NO. 402-293-2514	
7.TYPE OF ORDERS TEMPORARY DUTY		8.SECURITY CLEARANCE		9.PURPOSE OF TDY TECH SUPPORT CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL			
10a.APPROX NO. DAYS OF TDY (Including travel time) 1		b.PROCEED O/A (DATE) 17-FEB-1999					
11.ITINERARY <input checked="" type="checkbox"/> VARIATION AUTHORIZED LEG: 1 OF 1 AMENDMENT NUMBER: 0 FROM: OMAHA / DOUGLAS NEBRASKA PROCEED ON 17-FEB-1999 AT 600 HRS TO : CHICAGO / DU PAGE, COOK & LAKE ILLINOIS DEPART ON 17-FEB-1999 AT 1900 HRS							
12.MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE							
COMMERCIAL				GOVERNMENT		PRIVATELY OWNED CONVEYANCE (Check one)	
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: 0.0000
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)						<input type="checkbox"/> More advantageous to government	
						<input type="checkbox"/> Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.	
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM(Specify)							
14.ESTIMATED COST						15.ADVANCE AUTHORIZED	
PER DIEM \$162.00		TRAVEL \$321.00		OTHER \$50.00		TOTAL \$533.00	
16.REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) See Attached For Additional Remarks TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.							
17.REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN SUPERVISORY CIVIL ENGINEER 12-FEB-1999				18.APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JEROME M WOODS NER SUPERVISORY CIVIL ENGINEER 12-FEB-1999			
AUTHORIZATION							
19.ACCOUNTING CITATION <div style="background-color: black; width: 400px; height: 20px; margin-top: 5px;"></div> <div style="float: right;">100%</div>							
20.ORDER AUTHORIZING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ MARILYN B MIKULA LOGISTICS MANAGEMENT OFFICE 9501 JOHN J. PERSHING DR. OMAHA, NE68112						OR AUTHENTICATION TRANSPORTATION ASSISTANT (FLEE)	
						21.DATE ISSUED 12-FEB-1999 22.TRAVEL ORDER NUMBER 902385G6	

U.S. ARMY CORPS OF ENGINEERS
REQUEST FOR OFFICIAL TRAVEL

DATE ISSUED
12-FEB-1999

NAME (Last, First)
GOUGER, TIMOTHY P

TRAVEL ORDER NUMBER
902385G6

16.REMARKS

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC
KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE
RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

Action Edit Block Field Record Query ESIG Help

Assigned Check No: 441907

Check No Trace: 1800047998

Replacement No:

Pmt Method: TCHEC DSSN: 8736

Ea?:

Type: CONTRACT

FOA Code: C6

Check Date: 05-AUG-1999

Reference No: 99/3-13-99

Amount: 75089.84

Currency: US

Status: PRINTED

FC Amount: .000000

Payee: NATIONS BANK CARD SERVICE

P O BOX 650785

DALLAS, TX 75265-0785

Certified By: MORGAN, JAMES R SR

Date Signed: 05-AUG-1999

Initial Signature: 80306D579665194737A

Disbursing Officer's Signature: BB34D014672501C437A

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Press F2 to enter a query.

Record: 1/?

<Replace>

Action Edit Block Field Record Query ESIQ Help

Obligation No: DACA45-98-D-0004 **Delivery Order No:** 0006 **Inv No:** 5
Description: SAUGET SITE ONE SF, ST. LOUIS, IL **Period:** 200012
Inv Reference No: 01JULY99-28MAY99 #4 **Discount Days:** **Percent:**
Inv Date: 26-JUL-1999 **TFQ Indicator:** ☐ **Inv Recv'd Date:** 26-JUL-1999
Pmt Address ID: 000015101 **F&A Received Date:** 26-JUL-1999 **Final Payment:** ☐
Pmt Office ID: 1 **Release of Claims:** ☐ **Notice To Proceed:** Y

Line Item: 0001**Refund?** ☐

*** This INV ***

*** All INV's ***

SERVICES: COST-PLUS-FIXED-FEE SAUGET SITE**Qty:**

0

Qty Ordered: 0**Unit Price:****Amt Ordered:** 302158.28**Gross Amt:**

4454.84

266932.86

Pay Estimate No: 5**Retainage Pct:**

.00

Total Estimates: 16**Retainage Amt:**

.00

.00

Other Deductions:

.00

.00

Program Mgr Signor**Retainage Refund:**

.00

0184D311A95A1BB3379

Other Deduct Refund:

.00

C.O.R. Signor**Liq. Damages:**

.00

D16A7AE017A8A2A8379

Line Item Amt:

4454.84

266932.86

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Record: 5/?

Action Edit Block Field Record Query ESIG Help

Obligation No: Delivery Order: Obligation Lt: Freight:

Amend No: Amend Date: Fast Pay:

Work Item: Fund Account: Progress Pay:

Fund Citation: AMSCO: Resource:

Description: MOA: Allot: EOR:

<PGDII> To Execute RV or Debt Bill Query

RV No	Reference No	Cert Date	Disb Amount	DOV No	Check No	Pmt Meth
1	14JAN99-26FEB99 #1	12-MAY-1999	3996.66	135175	167233	EFT
2	03APR99-30APR99 #3	22-JUN-1999	12313.77	138986	407723	TCHRC
3	27FEB99-02APR99 #2	22-JUN-1999	3083.51	138987	407724	TCHRC
4	01MAY99-28MAY99 #4	28-JUL-1999	4454.84	142561	286345	EFT
5	29MAY99-02JUL99 #5	20-AUG-1999	923.79	144831	320102	EFT
6	03JUL99-30JUL99 #6	25-AUG-1999	6058.23	145954	331474	EFT
7	31JUL99-27AUG99 #7	08-OCT-1999	5404.78	149977	425431	EFT
8	28AUG99-01OCT99 #8	19-NOV-1999	13642.29	154960	505583	EFT
9	02OCT99-29OCT99 #9	19-NOV-1999	19218.16	154961	505600	EFT
10	30OCT99-26NOV99 #10	24-JAN-2000	11567.42	160381	612499	EFT

RR Invoice Progress Pmts RV AP Transaction Check Register

Prev Page Prev Next Query List Save Exit Next Page

Record: 1/?

Action Edit Block Field Record Query ESIG Help

Assigned Check No: 888349

Check No Trace: 1800047216

Replacement No:

Pmt Method: EFT

DSSN: 8736

Ea?: ☐

Type: CONTRACT

FOA Code: G6

Check Date: 28-JUL-1999

Reference No: DACA45-98-D-0004

Amount: 4454.84

Currency: US

Status: PRINTED

FC Amount: .000000

Payee: ROY F WESTON INC

PO BOX 8500 (S 6175)

PHILADELPHIA, PA 19178-6175

Certified By: AUTRY, SHIRLEY LE

Date Signed: 28-JUL-1999

Initial Signature: 638D0D6D9C79052D379

Disbursing Officer's Signature: 379F3765

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Press F2 to enter a query.

Record: 1/1

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER: 74 SUPERVISOR: ED25

NAME: BERAN E

FLSA: E CUTOFF DATE IS: 07/03/1999

PAY PERIOD ENDING: 07/03/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	06/20	06/21	06/22	06/23	06/24	06/25	06/26	06/27	06/28	06/29	06/30	07/01	07/02	07/03	Total
L10873											4.00									4.00
L26606									8.00	8.00										16.00
L27072						8.00														8.00
L38740							8.00				1.00									9.00
LEAVE											3.00									3.00

*The above hours were ELECTRONICALLY SIGNED ON: 28-JUN-1999

BY: PETERS, PAULA K JOB TITLE: CHEMIST

B05708												8.00	8.00							16.00
L27073														8.00						8.00

*The above hours were ELECTRONICALLY SIGNED ON: 30-JUN-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

L21275																	8.00			8.00
L38740																6.00				6.00
LEAVE																2.00				2.00

*The above hours were ELECTRONICALLY SIGNED ON: 02-JUL-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:						8.00	8.00	8.00	8.00	8.00				8.00	8.00	8.00	8.00	8.00		80.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	--	------	------	------	------	------	--	-------

REG=	75.00	HOL=		OVT=		ALV=	3.00	OLV=		NON=	2.00	SP-RATE-HRS=	
------	-------	------	--	------	--	------	------	------	--	------	------	--------------	--

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL; AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED25

FOR TIMEKEEPER: 74

LABOR-COST FROM : 06/20/1999

LABOR-COST TO : 07/03/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
BERAN E								80.00	Y

*** END OF REPORT - 27-DEC-2000 - 12:09 - SID G6CEFMP1 ***

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER: 74 SUPERVISOR: ED25

NAME: BERAN E

FLSA: E CUTOFF DATE IS: 07/17/1999

PAY PERIOD ENDING: 07/17/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	07/04	07/05	07/06	07/07	07/08	07/09	07/10	07/11	07/12	07/13	07/14	07/15	07/16	07/17	Total
B03822										8.00	8.00									16.00
L21275								2.00	4.00											6.00
L38740								4.00	4.00											8.00
LEAVE								2.00												2.00
LEAVE							8.00													8.00

*The above hours were ELECTRONICALLY SIGNED ON: 12-JUL-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

L21275														4.00						4.00
L49880														4.00	4.00		6.00	8.00		22.00
L49920														4.00	8.00	2.00				14.00

*The above hours were ELECTRONICALLY SIGNED ON: 19-JUL-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals: 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 80.00

REG= 70.00 HOL= OVT= ALV= 2.00 OLV= NON= 8.00 SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 07/04/1999

LABOR-COST TO : 07/17/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
BERAN E								80.00	Y

*** END OF REPORT - 27-DEC-2000 - 12:09 - SID G6CEFPMP1 ***

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION

TIMEKEEPER: 59 SUPERVISOR: ED26

NAME: THOMASON P

FLSA: E CUTOFF DATE IS: 07/17/1999

PAY PERIOD ENDING: 07/17/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	07/04	07/05	07/06	07/07	07/08	07/09	07/10	07/11	07/12	07/13	07/14	07/15	07/16	07/17	Total
L32671									5.00											5.00
L34691										5.00										5.00
L38740									3.00											3.00
L49738								8.00												8.00
LEAVE									8.00	3.00										11.00
LEAVE							8.00													8.00

*The above hours were ELECTRONICALLY SIGNED ON: 12-JUL-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

B04804																3.50				3.50
L21275										6.00	3.00									9.00
L30144										2.00										2.00
L34691																6.50				6.50
L40023															2.00					2.00
L49880														5.00	2.50	1.50				9.00
LEAVE																		8.00		8.00

*The above hours were ELECTRONICALLY SIGNED ON: 19-JUL-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

Employee Totals:						8.00	8.00	8.00	8.00	8.00				8.00	8.00	8.00	8.00	8.00		80.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	--	------	------	------	------	------	--	-------

REG=	53.00	HOL=	OVT=	ALV=	19.00	OLV=	NON=	8.00	SP-RATE-HRS=	
------	-------	------	------	------	-------	------	------	------	--------------	--

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL; AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED26

FOR TIMEKEEPER: 59

LABOR-COST FROM : 07/04/1999

LABOR-COST TO : 07/17/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
THOMASON P								80.00	Y

*** END OF REPORT - 27-DEC-2000 - 12:10 - SID G6CEPMP1 ***

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER: 74 SUPERVISOR: ED25

NAME: BERAN E

FLSA: E CUTOFF DATE IS: 07/17/1999

PAY PERIOD ENDING: 07/17/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	07/04	07/05	07/06	07/07	07/08	07/09	07/10	07/11	07/12	07/13	07/14	07/15	07/16	07/17	Total
------	------	-----	----	---	----	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------

B03822										8.00	8.00									16.00
L21275								2.00	4.00											6.00
L38740								4.00	4.00											8.00
LEAVE								2.00												2.00
LEAVE							8.00													8.00

*The above hours were ELECTRONICALLY SIGNED ON: 12-JUL-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

L21275														4.00						4.00
L49880														4.00	4.00		6.00	8.00		22.00
L49920														4.00	8.00	2.00				14.00

*The above hours were ELECTRONICALLY SIGNED ON: 19-JUL-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:						8.00	8.00	8.00	8.00	8.00				8.00	8.00	8.00	8.00	8.00		80.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	--	------	------	------	------	------	--	-------

REG=	70.00	HOL=		OVT=		ALV=	2.00	OLV=		NON=	8.00	SP-RATE-HRS=	
------	-------	------	--	------	--	------	------	------	--	------	------	--------------	--

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED25

FOR TIMEKEEPER: 74

LABOR-COST FROM : 07/04/1999

LABOR-COST TO : 07/17/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
BERAN E								80.00	Y

*** END OF REPORT - 27-DEC-2000 - 12:10 - SID G6CEPMP1 ***

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 07/17/1999

PAY PERIOD ENDING: 07/17/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 07/04 07/05 07/06 07/07 07/08 07/09 07/10 07/11 07/12 07/13 07/14 07/15 07/16 07/17 Total

B00594 2.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 66.00

L35672 4.00 4.00

LEAVE 2.00 2.00

LEAVE 8.00 8.00

*The above hours were ELECTRONICALLY SIGNED ON: 19-JUL-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals: 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 80.00

REG= 70.00 HOL= OVT= ALV= 2.00 OLV= NON= 8.00 SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 12:09:51

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 07/04/1999

LABOR-COST TO : 07/17/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
GOUGER T								80.00	Y

*** END OF REPORT - 27-DEC-2000 - 12:09 - SID G6CEPMP1 ***

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION

TIMEKEEPER: 59 SUPERVISOR: ED26

NAME: THOMASON P

PLSA: E CUTOFF DATE IS: 07/31/1999

PAY PERIOD ENDING: 07/31/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	07/18	07/19	07/20	07/21	07/22	07/23	07/24	07/25	07/26	07/27	07/28	07/29	07/30	07/31	Total
B04804										4.00										4.00
L27782											4.00									4.00
L32565						8.00	5.50													13.50
L34691							1.00	8.00	2.00											11.00
L47168									2.00	4.00										6.00
L47181							1.00													1.00
LEAVE							0.50													0.50

*The above hours were ELECTRONICALLY SIGNED ON: 26-JUL-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

L21275																	4.00			4.00
L32565																	4.00			4.00
L34691														4.00						4.00
L42900																	7.75			7.75
L47168														8.00						8.00
L50650													6.00							6.00
L51020													2.00		4.00					6.00
LEAVE																	0.25			0.25

*The above hours were ELECTRONICALLY SIGNED ON: 30-JUL-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

L21275																	4.00			4.00
L32565																	4.00			4.00
L34691														4.00						4.00
L42900																	7.75			7.75
L47168														8.00						8.00
L50650													6.00							6.00
L51020													2.00		4.00					6.00
LEAVE																	0.25			0.25

*The above hours were ELECTRONICALLY SIGNED ON: 30-JUL-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

Employee Totals:						8.00	8.00	8.00	8.00	8.00				8.00	8.00	8.00	8.00	8.00		30.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	--	------	------	------	------	------	--	-------

REG= 79.25 HOL= OVT= ALV= 0.75 OLV= NON= SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL, AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

FOR TIMEKEEPER: 59

EMPLOYEE COUNT = 1

THOMASON P			80.00	Y
------------	--	--	-------	---

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER: 74 SUPERVISOR: ED25

NAME:BERAN E

FLSA: E CUTOFF DATE IS: 07/31/1999

PAY PERIOD ENDING: 07/31/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	07/18	07/19	07/20	07/21	07/22	07/23	07/24	07/25	07/26	07/27	07/28	07/29	07/30	07/31	Total
L23440								6.00	8.00	7.00										21.00
L38740							8.00	2.00												10.00
L50650											8.00									8.00
LEAVE										1.00										1.00

*The above hours were ELECTRONICALLY SIGNED ON: 26-JUL-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

L21275													2.00							2.00
L50650													2.00							2.00
L50840													2.00							2.00
L51020															2.00	2.00				4.00
L51020													2.00	8.00	8.00	8.00	8.00			34.00

*The above hours were ELECTRONICALLY SIGNED ON: 30-JUL-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:						8.00	8.00	8.00	8.00	8.00			8.00	8.00	10.00	10.00	8.00			84.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	------	------	-------	-------	------	--	--	-------

REG=	83.00	HOL=	OVT=	ALV=	1.00	OLV=	NON=	SP-RATE-HRS=
------	-------	------	------	------	------	------	------	--------------

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 12:11:04

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED25

FOR TIMEKEEPER: 74

LABOR-COST FROM : 07/18/1999

LABOR-COST TO : 07/31/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
BERAN E								84.00	Y

*** END OF REPORT - 27-DEC-2000 - 12:11 - SID G6CEPMP1 ***

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 07/31/1999

PAY PERIOD ENDING: 07/31/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	07/18	07/19	07/20	07/21	07/22	07/23	07/24	07/25	07/26	07/27	07/28	07/29	07/30	07/31	Total

B00594						8.00	8.00	7.00						8.00	4.00		8.00	8.00		51.00
--------	--	--	--	--	--	------	------	------	--	--	--	--	--	------	------	--	------	------	--	-------

L35672														4.00	8.00					12.00
--------	--	--	--	--	--	--	--	--	--	--	--	--	--	------	------	--	--	--	--	-------

LEAVE						8.00				8.00										16.00
-------	--	--	--	--	--	------	--	--	--	------	--	--	--	--	--	--	--	--	--	-------

LEAVE								1.00												1.00
-------	--	--	--	--	--	--	--	------	--	--	--	--	--	--	--	--	--	--	--	------

*The above hours were ELECTRONICALLY SIGNED ON: 30-JUL-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:						8.00	8.00	8.00	8.00	8.00				8.00	8.00	8.00	8.00	8.00		80.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	--	------	------	------	------	------	--	-------

REG=	63.00	HOL=		OVT=		ALV=	16.00	OLV=		NON=	1.00	SP-RATE-HRS=	
------	-------	------	--	------	--	------	-------	------	--	------	------	--------------	--

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 07/18/1999

LABOR-COST TO : 07/31/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
GOUGER T								80.00	Y

*** END OF REPORT - 27-DEC-2000 - 12:10 - SID G6CEPMP1 ***

CIC #: 99EPA SUPERFUND
BILLED DATE 01-JUL-1999
CUSTOMER ORDER NUMBER DW96947840-0560

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)
(DW96947840 - RAPID RESPONSE AT SAUGET AREA, IL IL980792006

PAGE NO. 001

* ACCOUNTS OF *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *

D.O.VOUCHER NO. BU VOUCHER NO. BILL NO. PAID BY CHECK NO. COLLECTION VOU. NO.
28014307
PARTIAL # 9 01-JUN-1999 THRU 01-JUL-1999

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER
MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

BILLING ACCOUNTING CLASSIFICATION

68 20 X 8145.0000 [REDACTED] NA \$15,949.73 [REDACTED] \$15,949.73

LINE ITEM MOA DESCRIPTION

000001 CONTRACT - OUTSIDE GOVERNMENT
000001 CONTRACT - OUTSIDE GOVERNMENT
000001 INHOUSE - LABOR
000001 INHOUSE - LABOR
000001 INHOUSE - LABOR

[REDACTED]

[REDACTED]

SUBTOTAL

PARTIAL AMOUNT PAID \$15,949.73

PAYMENT DUE DATE 31-JUL-1999 PAY THIS AMOUNT \$.00

FUNDS AUTHORIZED: \$279,400.00
TOTAL BILLED AMOUNT: \$62,567.09
PREVIOUS BILLED AMOUNT: \$46,617.36
CURRENT BILLED AMOUNT: \$15,949.73
TOTAL FLUX BILLED: \$.00
PREVIOUS FLUX BILLED: \$.00
CURRENT FLUX BILLED: \$.00

CERTIFICATE OF OFFICE BILLED
I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS
STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE,
OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

DATE _____

AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER _____

TRANSACTION LISTING
OMAHA DISTRICTPage: 1
Date: 20-DEC-2001

CUSTOMER ORDER: DW96947840-0560

ACCOUNTING PERIOD: 06-1999

CONTRACT - OUTSIDE GOVERNMENT

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
18-JUN-1999	W59XQG90122578	DACA45-98-D-0004	0006		0001	CONSTSVCS		\$12,313.77
18-JUN-1999	W59XQG90122578	DACA45-98-D-0004	0006		0001	CONSTSVCS		\$3,083.51
29-JUN-1999	W59XQG91688112	905196G6	NA		1	TRANSPER		\$56.30
SUBTOTAL COST:								\$15,453.58

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor \$	G&A \$	Indirect \$	Total
30-JUN-1999	L35672	22-JUN-1999		8	RG				\$496.15
SUBTOTAL CO						\$311.07	\$76.21	\$108.87	\$496.15
TOTAL COST:								\$15,949.73	

*** END OF REPORT - 20-DEC-2001 - 12:18 - SID G6CEFMP1 ***

GL ACCT	DR/CR	ACCOUNT NAME	DEBIT AMT	CREDIT AMT
1311.25	D	[REDACTED]	12313.77	
4252.00	D	[REDACTED]	12313.77	
4821.00	D	[REDACTED]	12313.77	
6500.32	D	[REDACTED]	12313.77	
2113.00	C	[REDACTED]		12313.77

+ <F2> ENTER QUERY ----- <F3> EXECUTE QUERY ----- <F10> EXIT --

Count: 8 ^ v <Replace>

Action Edit Block Field Record Query ESIG Help

Obligation No: DACA45-98-D-0004

Delivery Order No: 0006

Inv No: 3

Description: SAUGET SITE ONE SF, ST. LOUIS, IL

Period: 200012

Inv Reference No: 03APP99-30APP99 #3

Discount Days:

Percent:

Inv Date: 16-JUN-1999

TFO Indicator: ☐

Inv Recv'd Date: 16-JUN-1999

Pmt Address ID: 000015101

F&A Received Date: 16-JUN-1999

Final Payment: ☐

Pmt Office ID: 1

Release of Claims: ☐

Notice To Proceed: Y

Line Item: 0001

Refund? ☐

*** This INV ***

*** All INV's ***

SERVICES: COST-PLUS-FIXED-FEE SAUGET SITE

Qty: 0

Qty Ordered: 0

Unit Price:

Amt Ordered: 302158.28

Gross Amt: 12313.77

266932.86

Pay Estimate No: 3

Retainage Pct: .00

Total Estimates: 16

Retainage Amt: .00

Other Deductions: .00

Program Mgr Signor

Retainage Refund: .00

5637C6196236EC53376

Other Deduct Refund: .00

C.O.R. Signor

Liq. Damages: .00

261953CB03A71AFD376

Line Item Amt: 12313.77

266932.86

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Record: 3/7

Action Edit Block Field Record Query ESIG Help

Obligation No: **DACA45-98-D-0004** Delivery Order: **0006** Obligation Lt: **0001** Freight: ☐
 Amend No: **R00002** Amend Date: **31-MAR-2000** Fast Pay: **N**
 Work Item: **002XZ5** Fund Account: **G625294** Progress Pay: **Y**
 Fund Citation: **96NAX3122** AMSCO: **015558** Resource: **CONSTSVCS**
 Description: **SAUGET SITE ONE SF,ST. LOUIS,I** MOA: **C2** Allot: **2417** EOR: **3200**

<PGDII> To Execute RV or Debt Bill Query

RV No	Reference No	Cert Date	Disb Amount	DOV No	Check No	Pmt Meth
1	14JAN99-26FEB99 #1	12-MAY-1999	3996.66	135175	167233	EFT
2	03APR99-30APR99 #3	22-JUN-1999	12313.77	138986	407723	TCHEC
3	27FEB99-02APR99 #2	22-JUN-1999	3083.51	138987	407724	TCHEC
4	01MAY99-28MAY99 #4	28-JUL-1999	4454.84	142561	286345	EFT
5	29MAY99-02JUL99 #5	20-AUG-1999	923.79	144831	320102	EFT
6	03JUL99-30JUL99 #6	25-AUG-1999	6058.23	145954	331474	EFT
7	31JUL99-27AUG99 #7	08-OCT-1999	5404.78	149977	425431	EFT
8	28AUG99-01OCT99 #8	19-NOV-1999	13642.29	154960	505583	EFT
9	02OCT99-29OCT99 #9	19-NOV-1999	19218.16	154961	505600	EFT
10	30OCT99-26NOV99 #10	24-JAN-2000	11567.42	160381	612499	EFT

☐ RR ☐ Invoice ☐ Progress Pmts ☐ RV ☐ AP Transaction ☐ Check Register

Record: 1/?

Action Edit Block Field Record Query ESIG Help

Assigned Check No: 407788

Check No Trace: 1800044188

Replacement No:

Pmt Method: TCHEC

DSSN: 8736

Ea?: ☐

Type: CONTRACT

FOA Code: G6

Check Date: 22-JUN-1999

Reference No: DACA45-98-D-0004

Amount: 12313.77

Currency: US

Status: PRINTED

FC Amount: .000000

Payee: ROY F WESTON INC

PO BOX 8500 (S 6175)

PHILADELPHIA, PA 19178-6175

Certified By: MORGAN, JAMES R SR

Date Signed: 22-JUN-1999

Initial Signature: 8CB15D75192FD228376

Disbursing Officer's Signature: CB8643FA9C9E61BB376

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Press F2 to enter a query.

Record: 1/1

--- v2.1.9 ----- ACCOUNTS PAYABLE TRANSACTION VIEW SCREEN ----- 3.34 ---

OBLI NO: DACA45-98-D-0004 FUND TYPE: F FAST PAY: N REVERSAL: |
DELIV. ORDER NO: 0006 APPROP STATUS: C RCVR:S. SCHMIDT |
LINE ITEM NO: 0001 APPROP TYPE: C DEBTOR BILL NO: |
RECEIVING RPT NO: 3 EAID NO: MOA: C2 ACCT PHASE: E5A |
INVOICE NO: 4 ACCRUAL IND: EOR: 3200 TRANS DATE: 18-JUN-1999 |
FAR ORDER NO: DW96947840-0560 COST TYPE: WIP EFFECT DATE: 18-JUN-1999 |
FUND WORK ITEM: 002DCL RESOURCE CODE: CONSTSVCS TBO DISB.: |
RESOURCE PLAN: 1 WORK CATEGORY: 331R0 TRANS TYPE: APR |
MGT STRUCTURE: 015558 WORK CAT ELEM: 99998 PAYEE CLASS: ? |
APPROPRIATION: PERIOD: 199906 |
TRANSACTION ID: 2057248 GL CORR ID: AP414 GL NOT POSTED?: |
PROP CAT CODE: SOURCE: FORM93 TBO RPT NUMBER: |

GL ACCT	DR/CR	ACCOUNT NAME	DEBIT AMT	CREDIT AMT
1311.25	D		3083.51	
4252.00	D		3083.51	
4821.00	D		3083.51	
6500.32	D		3083.51	
2113.00	C			3083.51

+ <F2> ENTER QUERY ----- <F3> EXECUTE QUERY ----- <F10> EXIT ---

Action Edit Block Field Record Query ESIQ Help

Obligation No: DACA45-98-D-0004

Delivery Order No: 0006

Inv No: 4

Description: SAUGET SITE ONE SF, ST. LOUIS, IL

Period: 200012

Inv Reference No: 17FEB99-02APR99 #2

Discount Days:

Percent:

Inv Date: 16-JUN-1999

TFQ Indicator:

Inv Recv'd Date: 16-JUN-1999

Pmt Address ID: 000015101

F&A Received Date: 16-JUN-1999

Final Payment:

Pmt Office ID: 1

Release of Claims:

Notice To Proceed: Y

Line Item: 0001

Refund? ☐

*** This INV ***

*** All INV's ***

SERVICES: COST-PLUS-FIXED-FEE SAUGET SITE

Qty:

0

Qty Ordered: 0

Unit Price:

Amt Ordered: 302158.28

Gross Amt:

3083.51

266932.86

Pay Estimate No: 4

Retainage Pct:

.00

Total Estimates: 16

Retainage Amt:

.00

.00

Other Deductions:

.00

.00

Program Mgr Signor

Retainage Refund:

.00

D19F065XB66F64CD376

Other Deduct Refund:

.00

C.O.R. Signor

Liq. Damages:

.00

E401F99A4554E4A2376

Line Item Amt:

3083.51

266932.86

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Record: 4/?

Action Edit Block Field Record Query ESIG Help

Obligation No:	DACA45-98-D-0004	Delivery Order:	0006	Obligation Lk:	0001	Freight:	<input type="checkbox"/>
Amend No:	R00002	Amend Date:	31-MAR-2000	Fast Pay:	N		
Work Item:	002X25	Fund Account:	G625294	Progress Pay:	Y		
Fund Citation:	96NAX3122	AMSCO:	015558	Resource:	CONSTSVCS		
Description:	SAUGET SITE ONE SF, ST. LOUIS, I	MOA:	C2	Allot:	2417	EOR:	3200

<PGDII> To Execute RV or Debt Bill Query

RV No	Reference No	Cert Date	Disb Amount	DOV No	Check No	Pmt Meth
1	14JAN99-26FEB99 #1	12-MAY-1999	3996.66	135175	167233	EFT
2	03APR99-30APR99 #3	22-JUN-1999	12313.77	138986	407723	TCHEC
3	27FEB99-02APR99 #2	22-JUN-1999	3083.51	138987	407724	TCHEC
4	01MAY99-28MAY99 #4	28-JUL-1999	4454.84	142561	286345	EFT
5	29MAY99-02JUL99 #5	20-AUG-1999	923.79	144831	320102	EFT
6	03JUL99-30JUL99 #6	25-AUG-1999	6058.23	145954	331474	EFT
7	31JUL99-27AUG99 #7	08-OCT-1999	5404.78	149977	425431	EFT
8	28AUG99-01OCT99 #8	19-NOV-1999	13642.29	154960	505583	EFT
9	02OCT99-29OCT99 #9	19-NOV-1999	19218.16	154961	505600	EFT
10	30OCT99-26NOV99 #10	24-JAN-2000	11567.42	160381	612499	EFT

<input type="checkbox"/> RR	<input type="checkbox"/> Invoice	<input type="checkbox"/> Progress Pmts	<input type="checkbox"/> RV	<input type="checkbox"/> AP Transaction	<input type="checkbox"/> Check Register
Prev Page	Prev	Next	Query	List	Save
				Exit	Next Page

Record: 1/7

Action Edit Block Field Record Query ESIG Help

Assigned Check No: 4077839

Check No Trace: 1800044189

Replacement No:

Pmt Method: TCHEC

DSSN: 8736

Ea?:

Type: CONTRACT

FOA Code: G6

Check Date: 22-JUN-1999

Reference No: DACA45-98-D-0004

Amount: 3083.51

Currency: US

Status: PRINTED

FC Amount: .000000

Payee: ROY F WESTON INC

PO BOX 8500 (S 6175)

PHILADELPHIA, PA 19178-6175

Certified By: MORGAN, JAMES R SR

Date Signed: 22-JUN-1999

Initial Signature: 1E054C2294FF56D8376

Disbursing Officer's Signature: 4C12C85A9A3F7D9A376

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Press F2 to enter a query.

Record: 1/1

GL ACCT	DR/CR	ACCOUNT NAME	DEBIT AMT	CREDIT AMT
1311.25	D	[REDACTED]	56.30	
4252.00	D	[REDACTED]	56.30	
4821.00	D	[REDACTED]	56.30	
6500.32	D	[REDACTED]	56.30	
2113.00	C	[REDACTED]		56.30
4232.00	C	[REDACTED]		56.30
+ <F2> ENTER QUERY ----- <F3> EXECUTE QUERY ----- <F10> EXIT -+				

Count: *9 ^ <Replace>

TRAVEL VOUCHER OR SUBVOUCHER				TV NO: 1 AMEND NO: 0									
1. PAYMENT REQUIRED BY				2. TYPE OF PAYMENT				3. FOR DO USE ONLY					
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input checked="" type="checkbox"/> ELECTRONIC FUND TRANSFER				<input checked="" type="checkbox"/> TDY/TAD <input type="checkbox"/> PCS MEMBER / EMPLOYEE <input type="checkbox"/> OTHER <input type="checkbox"/> DEPENDENT(S) <input type="checkbox"/> DLA				a. DO VOUCHER NO. 0000139399					
4. NAME (Last, First, Middle Initial) GOUGER, TIMOTHY P				5. GRADE 12		6. SSN Privacy Act Data		b. SUBVOUCHER NO.					
7. ADDRESS a. NUMBER AND STREET Privacy Act Information.				b. CITY Privacy Act Information.		c. STATE		d. ZIP CODE		c. PAID BY 8736 02Jul1999 USACE FINANCE CENTER			
8. TELEPHONE NUMBER 402-293-2514		9. TRAVEL ORDER NUMBER 905196G6 16Jun1999		10. PREVIOUS PAYMENTS/ADVANCES \$.00									
11. ORGANIZATION AND STATION RAPID RESPONSE RESIDENT O													
12. DEPENDENT(S)				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS SEE ATTACHED (IF APPLICABLE)									
<input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED													
SEE ATTACHED (IF APPLICABLE)				14. HOUSEHOLD GOODS SHIPPED				d. COMPUTATIONS					
				<input type="checkbox"/> YES <input type="checkbox"/> NO									
15. ITINERARY													
DATE	LOCAL TIME	PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OF MEALS Gov't Ded		POC MILES					
1999													
06/22	DEP 0700	OMAHA / DOUGLAS NE NEBRASKA	TP										
06/22	ARR 1000	CHICAGO / COOK IL ILLINOIS		TD									
06/22	DEP 2110	CHICAGO / COOK IL ILLINOIS	TP										
06/22	ARR 2315	OMAHA / DOUGLAS NE NEBRASKA		MC									
	DEP												
	ARR												
	DEP												
	ARR												
	DEP												
	ARR												
	DEP												
	ARR												
16. REIMBURSABLE EXPENSES						17. LEAVE		e. SUMMARY OF PAYMENT					
DATE	b. NATURE OF EXPENSE		c. AMOUNT	b. ALLOWED	a. DAYS	b. HOURS							
22Jun1999	CREDIT CARD ATM FEE		\$ 1.50				(1) Per Diem \$34.50						
22Jun1999	MILEAGE TO/FROM AIRPORT		\$ 9.30				(2) Actual Expense						
22Jun1999	PARKING FEES - AIRPORT		\$ 8.00				(3) Mileage						
22Jun1999	TRANSPORTATION - SUBWAY		\$ 3.00				(4) Dependent Travel						
						c. TAKEN BETWEEN		(5) DLA					
						d. AND		(6) Reimbursable Expense \$21.80					
								(7) Total \$56.30					
								(8) Less Advance					
								(9) Amount Owed					
								(10) Amount Due \$56.30					
18. POC TRAVEL:				OWNER/OPERATOR		PASSENGER		19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)					
20. Long distance telephone calls are certified as necessary in the interest of the government.								a. GTR/MTA NO.		b. FROM		c. TO	
APPROVING OFFICER (31 USC 1348(b))								7648387079		OMAHA / DOUGLAS NEB		CHICAGO / DU PAGE,	
21. a. CLAIMANT SIGNATURE				b. DATE		22. a. APPROVING OFFICER SIGNATURE /ELECTRONICALLY SIGNED BY/ JEROME M WOODS				b. DATE 28Jun1999			
23. ACCOUNTING CLASS													
100 % FUNDED													
24. COLLECTION DATA													
25. COMPUTED BY SHELIA DACQUISTO		26. AUDITED BY JUDITH MORGAN		27. TRVL ORD POSTED BY		28. RECEIVED (Payee signature and date or check no.) 242656 02Jul1999				29. AMOUNT PAID \$56.30			

[illegible]

SALES PERSON: 44
CUSTOMER NBR: 535101

ITINERARY/INVOICE NO. 0016037
VJDTV8

DATE: 17 JUN 9
PAGE: 01

TO: FT CROOK
DELIVER 21JUN .

MAIL REFUNDS W/ORDERS TO-
CARLSON WAGONLIT TRAVEL
COE/OMAHA
215 N 17TH STREET
ROOM 106B
OMAHA NE 68102

FOR: GOUGER/TIMOTHY

REF: CTAORD,096252,COEOMA

22 JUN 99 - TUESDAY

AIR UNITED AIRLINES FLT:344 COACH
LV OMAHA 833A

EQP: BOEING 757
01HR 17MIN
NON-STOP
REF: X23J18

AR CHICAGO OHARE 950A

ARRIVE: TERMINAL 1

OTHER SEAT

SEATING RESTRICTED TO AIRPORT CHECK-IN ONLY.

AIR UNITED AIRLINES FLT:667 COACH
LV CHICAGO OHARE 744P

EQP: BOEING 757
01HR 25MIN
NON-STOP
REF: X23J18

DEPART: TERMINAL 1

AR OMAHA 909P

OTHER SEAT

SEATING RESTRICTED TO AIRPORT CHECK-IN ONLY.

20 SEP 99 - MONDAY

OTHER INFORMATION

THANK YOU FOR CALLING CARLSON WAGONLIT TRAVEL

AIR TICKET UA7648387079
ELEC TKT

GOUGER TIMOTHY

BILLED TO [REDACTED] 271.00

SUB TOTAL 271.00

NET CC BILLING 271.00

TOTAL AMOUNT DUE 0.00

CONTINUED ON PAGE 2

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL
(Reference: Joint Travel Regulations)
Travel Authorized as indicated in items 2 through 21

1. DATE OF REQUEST

16-JUN-1999

REQUEST FOR OFFICIAL TRAVEL

2. NAME (Last, First, Middle Initial)

SSN

GOUGER, TIMOTHY P

3. POSITION TITLE AND GRADE OR RATING

ENVIRONMENTAL ENGINEER

GS12

4. OFFICIAL STATION

RAPID RESPONSE RESIDENT OFFICE

OFFUTT, AFB, NE

5. ORGANIZATIONAL ELEMENT

CENWO-CD-FC-R

6. PHONE NO.

293-2500

7. TYPE OF ORDERS

TEMPORARY DUTY

8. SECURITY CLEARANCE

b. PROCEED O/A (DATE)

22-JUN-1999

9. PURPOSE OF TDY

TECH SUPPORT

CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL

10a. APPROX NO. DAYS OF TDY
(Including travel time)
1

11. ITINERARY

☒ VARIATION AUTHORIZED

LEG: 1 OF 1 AMENDMENT NUMBER: 0

FROM: OMAHA / DOUGLAS NEBRASKA PROCEED ON 22-JUN-1999 AT 600 HRS

TO : CHICAGO / DU PAGE, COOK & LAKE ILLINOIS DEPART ON 22-JUN-1999 AT 1900 HRS

12. MODE OF TRANSPORTATION

TP - - TRNSPN REQ - PLANE

COMMERCIAL

GOVERNMENT

PRIVATELY OWNED CONVEYANCE (Check one)

RAIL

AIR

XX

BUS

SHIP

AIR

VEHICLE

SHIP

RATE PER MILE:

☐ More advantageous to government

☐ Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.

☐ AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER

(Overseas Travel only)

13. ☒ PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR

☐ OTHER RATE OF PER DIEM (Specify)

14. ESTIMATED COST

PER DIEM

\$50.00

TRAVEL

\$321.00

OTHER

\$100.00

TOTAL

\$471.00

15. ADVANCE AUTHORIZED

\$.00

16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.)

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT

MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.

IF TRIP IS CANCELLED OR CHANGED, TRAVELER IS LIABLE FOR ISSUED/UNUSED TICKETS UNTIL TURNED IN WITH TVL VOUCHER

OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVERNMENT

TRAVEL ADVANCE MUST BE SETTLED WITHIN 15 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.

17. REQUESTING OFFICIAL (Title and signature)

/ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN

SUPERVISORY CIVIL ENGINEER 16-JUN-1999

18. APPROVING OFFICIAL (Title and signature)

/ELECTRONICALLY SIGNED BY/ JEROME M WOODS

SUPERVISORY CIVIL ENGINEER 17-JUN-1999

AUTHORIZATION

19. ACCOUNTING CITATION

100%

20. ORDER AUTHORIZING OFFICIAL (Title and signature)

/ELECTRONICALLY SIGNED BY/ JANICE L WZOREK

FORT CROOK AREA OFFICE

USACE

P.O. BOX 13287

OFFUTT, AFB, NE 68113

OR AUTHENTICATION
SUPPORT ASSISTANT (OA)

21. DATE ISSUED

17-JUN-1999

22. TRAVEL ORDER NUMBER

905196G6

905196G6

Action Edit Block Field Record Query ESIG Help

Assigned Check No: 242656

Check No Trace: 1800045011

Replacement No:

Pmt Method: EFT

DSSN: 8736

Ea?: ☐

Type: TRV SETLMT

FOA Code: G6

Check Date: 02-JUL-1999

Reference No: 905196G6

Amount: 56.30

Currency: US

Status: PRINTED

FC Amount:

Payee: TIMOTHY P GOUGER

Certified By: AUTRY, SHIRLEY LE

Date Signed: 02-JUL-1999

Initial Signature: 100CA37841723021377

Disbursing Officer's Signature: 377CDDF8

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Press F2 to enter a query.

Record: 1/?

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 07/03/1999

PAY PERIOD ENDING: 07/03/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	06/20	06/21	06/22	06/23	06/24	06/25	06/26	06/27	06/28	06/29	06/30	07/01	07/02	07/03	Total
B00594							5.00		8.00	8.00	8.00			8.00	8.00	8.00				53.00
L35672								8.00												8.00
LEAVE							3.00													3.00

*The above hours were ELECTRONICALLY SIGNED ON: 30-JUN-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

B00594															6.00	8.00				14.00
LEAVE															2.00					2.00

*The above hours were ELECTRONICALLY SIGNED ON: 06-JUL-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

B00594																		-8.00		-8.00
LEAVE																		8.00		8.00

*The above hours were ELECTRONICALLY SIGNED ON: 28-JUL-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:							8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00		80.00
------------------	--	--	--	--	--	--	------	------	------	------	------	--	--	------	------	------	------	------	--	-------

REG=	67.00	HOL=		OVT=		ALV=	11.00	OLV=		NON=	2.00	SP-RATE-HRS=	
------	-------	------	--	------	--	------	-------	------	--	------	------	--------------	--

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 06/20/1999

LABOR-COST TO : 07/03/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
GOUGER T								80.00	Y

 *** E N D O F R E P O R T - 27-DEC-2000 - 12:08 - SID G6CEPMP1 ***

CIC #: 99EPA SUPERFUND
BILLED DATE 01-JUN-1999
CUSTOMER ORDER NUMBER DW96947840-0560
(DW96947840 - RAPID RESPONSE AT SAUGET AREA, IL IL980792006)

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

PAGE NO. 001

* ACCOUNTS OF *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *

D.O.VOUCHER NO. BU VOUCHER NO. BILL NO. PAID BY CHECK NO. COLLECTION VOU. NO.
28013535
PARTIAL # 8 03-MAY-1999 THRU 01-JUN-1999

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER
MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

BILLING ACCOUNTING CLASSIFICATION

68 20 X	8145.0000		NA	\$12,190.86		\$12,190.86
LINE ITEM	MOA	DESCRIPTION				
000001	CONTRACT - OUTSIDE GOVERNMENT					
000001	CONTRACT - OUTSIDE GOVERNMENT					
000001	INHOUSE - LABOR					
000001	INHOUSE - LABOR					
000001	INHOUSE - LABOR					
000001	INHOUSE - LABOR					
					SUBTOTAL	
					PARTIAL AMOUNT PAID	\$12,190.86
				PAYMENT DUE DATE 01-JUL-1999	PAY THIS AMOUNT	\$.00

FUNDS AUTHORIZED: \$279,400.00
TOTAL BILLED AMOUNT: \$46,617.36
PREVIOUS BILLED AMOUNT: \$34,426.50
CURRENT BILLED AMOUNT: \$12,190.86
TOTAL FLUX BILLED: \$.00
PREVIOUS FLUX BILLED: \$.00
CURRENT FLUX BILLED: \$.00

CERTIFICATE OF OFFICE BILLED
I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS
STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE,
OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

DATE _____

AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER _____

TRANSACTION LISTING
OMAHA DISTRICTPage: 1
Date: 19-DEC-2001

CUSTOMER ORDER: DW96947840-0560

ACCOUNTING PERIOD: 05-1999

CONTRACT - OUTSIDE GOVERNMENT

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
04-MAY-1999	W59XQG91122481	903997G6	NA	[REDACTED]	1	TRANSPER		\$133.73
10-MAY-1999	W59XQG90122578	DACA45-98-D-0004	0006		0001	CONSTSVCS		\$3,996.66
13-MAY-1999	W59XQG90122578	DACA45-98-D-0004	0006		0001	CONSTSVCS		\$98,467.66
14-MAY-1999	W59XQG90122578	DACA45-98-D-0004	0006		0001	CONSTSVCS		\$-98,467.66
25-MAY-1999	W59XQG91122480	903994G6	NA	[REDACTED]	1	TRANSPER		\$133.03

SUBTOTAL COST:

\$4,263.42

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor \$	G&A \$	Indirect \$	Total
10-MAY-1999	L21275	07-MAY-1999	[REDACTED]						\$1,275.94
10-MAY-1999	L21275	07-MAY-1999	[REDACTED]						\$370.92
10-MAY-1999	L21275	06-MAY-1999	[REDACTED]						\$534.67
10-MAY-1999	L35672	06-MAY-1999	[REDACTED]						\$41.71
10-MAY-1999	L35672	07-MAY-1999	[REDACTED]						\$1,364.42
14-MAY-1999	L21275	12-MAY-1999	[REDACTED]						\$1,787.10
17-MAY-1999	L21275	12-MAY-1999	[REDACTED]						\$807.36
17-MAY-1999	L21275	10-MAY-1999	[REDACTED]						\$194.81
24-MAY-1999	L35672	21-MAY-1999	[REDACTED]						\$1,240.40
28-MAY-1999	L35672	25-MAY-1999	[REDACTED]						\$310.11

SUBTOTAL CO

\$4,506.88

\$1,104.20

\$2,316.36

\$7,927.44

TOTAL COST:

\$12,190.86

 *** END OF REPORT - 19-DEC-2001 - 14:17 - SID G6CEFMPI ***

GL ACCT	DR/CR	ACCOUNT NAME	DEBIT AMT	CREDIT AMT
1311.25	D	[REDACTED]	133.73	
4252.00	D	[REDACTED]	133.73	
4821.00	D	[REDACTED]	133.73	
6500.32	D	[REDACTED]	133.73	
2113.00	C	[REDACTED]		133.73
4232.00	C	[REDACTED]		133.73

+ <F2> ENTER QUERY ----- <F3> EXECUTE QUERY ----- <F10> EXIT -+

<Replace>

TRAVEL VOUCHER OR SUBVOUCHER				TV NO: 1 AMEND NO: 0									
1. PAYMENT REQUIRED BY				2. TYPE OF PAYMENT				3. FOR DO USE ONLY					
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK				<input checked="" type="checkbox"/> TDY/TAD <input type="checkbox"/> PCS MEMBER / EMPLOYEE <input type="checkbox"/> DEPENDENT(S) <input type="checkbox"/> DLA				a. DO VOUCHER NO. 0000133985					
4. NAME (Last, First, Middle Initial) THOMASON, PATTI J				5. GRADE 12		6. SSN Privacy Act Data		b. SUBVOUCHER NO.					
7. ADDRESS a. NUMBER AND STREET Privacy Act Information.				b. CITY Privacy Act Information.		c. STATE		d. ZIP CODE		c. PAID BY 8736 05May1999 USACE FINANCE CENTER			
8. TELEPHONE NUMBER 402-221-7690				9. TRAVEL ORDER NUMBER 903997G6 22Apr1999		10. PREVIOUS PAYMENTS/ADVANCES \$.00							
11. ORGANIZATION AND STATION INDUSTRIAL HYGIENE SECTIO													
12. DEPENDENT(S)				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS SEE ATTACHED (IF APPLICABLE)									
<input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED													
SEE ATTACHED (IF APPLICABLE)				14. HOUSEHOLD GOODS SHIPPED									
				<input type="checkbox"/> YES <input type="checkbox"/> NO									
15. ITINERARY								d. COMPUTATIONS					
DATE LOCAL TIME PLACE MODE OF TRVL REAS FOR STOP DAILY LODGING COSTS NUMBER OF MEALS Gov't Ded POC MILES													
1999													
04/27 DEP 0620 OMAHA / DOUGLAS NE NEBRASKA TP													
04/27 ARR 0930 EAST ST. LOUIS / ST. CLAIR IL ILLI TD						59.00							
04/28 DEP 1420 EAST ST. LOUIS / ST. CLAIR IL ILLI TP													
04/28 ARR 1630 OMAHA / DOUGLAS NE NEBRASKA MC													
DEP													
ARR													
DEP													
ARR													
DEP													
ARR													
DEP													
ARR													
16. REIMBURSABLE EXPENSES				17. LEAVE						e. SUMMARY OF PAYMENT			
DATE b. NATURE OF EXPENSE c. AMOUNT b. ALLOWED				a. DAYS b. HOURS						(1) Per Diem \$102.23			
28Apr1999 MILEAGE TO/FROM AIRPORT \$ 15.50										(2) Actual Expense			
28Apr1999 PARKING FEES - AIRPORT \$ 16.00										(3) Mileage			
28Apr1999 LODGING TAXES \$ 7.23										(4) Dependent Travel			
										(5) DLA			
										(6) Reimbursable Expense \$31.50			
										(7) Total \$133.73			
										(8) Less Advance			
										(9) Amount Owed			
										(10) Amount Due \$133.73			
18. POC TRAVEL: OWNER/OPERATOR PASSENGER				19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)									
20. Long distance telephone calls are certified as necessary in the interest of the government.				a. GTR/MTA NO.		b. FROM		c. TO					
APPROVING OFFICER (31 USC 1348 (b))				7633391459		OMAHA / DOUGLAS NE		EAST ST. LOUIS / ST. CL					
21. a. CLAIMANT SIGNATURE				b. DATE		22. a. APPROVING OFFICER SIGNATURE /ELECTRONICALLY SIGNED BY/ CHERYL A DAVIS				b. DATE 04May1999			
23. ACCOUNTING CLASS						100 % FUNDED							
24. COLLECTION DATA													
25. COMPUTED BY SHELIA DACQUISTO		26. AUDITED BY JUDITH MORGAN		27. TRVL ORD POSTED BY		28. RECEIVED (Payee signature and date or check no.) 158324 05May1999		29. AMOUNT PAID \$133.73					

TRAVEL VOUCHER OR SUBVOUCHER				TV NO: 1 AMEND NO: 0								
1. PAYMENT REQUIRED BY				2. TYPE OF PAYMENT				3. FOR DO USE ONLY				
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> ELECTRONIC FUND TRANSFER				<input checked="" type="checkbox"/> TDY/TAD <input type="checkbox"/> PCS MEMBER / EMPLOYEE <input type="checkbox"/> OTHER <input type="checkbox"/> DEPENDENT(S) <input type="checkbox"/> DLA				a. DO VOUCHER NO.				
4. NAME (Last, First, Middle Initial) THOMASON, PATTI J				5. GRADE 12		6. SSN Privacy Act Data		b. SUBVOUCHER NO.				
7. ADDRESS a. NUMBER AND STREET Privacy Act Information.				b. CITY Privacy Act Information.		c. STATE		d. ZIP CODE		c. PAID BY		
8. TELEPHONE NUMBER 402-221-7690		9. TRAVEL ORDER NUMBER 903997G6 22Apr1999		10. PREVIOUS PAYMENTS/ADVANCES \$.00								
11. ORGANIZATION AND STATION INDUSTRIAL HYGIENE SECTIO												
12. DEPENDENT(S)				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS SEE ATTACHED (IF APPLICABLE)								
<input type="checkbox"/> ACCOMPANIED				<input type="checkbox"/> UNACCOMPANIED								
SEE ATTACHED (IF APPLICABLE)				14. HOUSEHOLD GOODS SHIPPED <input type="checkbox"/> YES <input type="checkbox"/> NO								
15. ITINERARY				d. COMPUTATIONS								
DATE 1999	LOCAL TIME	PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OF MEALS Gov't Ded		POC MILES				
04/27	DEP 0620	OMAHA / DOUGLAS NE NEBRASKA	TP									
04/27	ARR 0930	EAST ST. LOUIS/ST. CLAIR IL ILLI		TD	59.00							
04/28	DEP 1420	EAST ST. LOUIS/ST. CLAIR IL ILLI	TP									
04/28	ARR 1630	OMAHA / DOUGLAS NE NEBRASKA		MC								
	DEP											
	ARR											
	DEP											
	ARR											
	DEP											
	ARR											
16. REIMBURSABLE EXPENSES					17. LEAVE			e. SUMMARY OF PAYMENT				
DATE	b. NATURE OF EXPENSE		c. AMOUNT	b. ALLOWED	a. DAYS	b. HOURS		(1) Per Diem				
28Apr1999	MILEAGE TO/FROM AIRPORT		\$ 15.50						(2) Actual Expense			
28Apr1999	PARKING FEES - AIRPORT		\$ 16.00						(3) Mileage			
28Apr1999	LODGING TAXES		\$ 7.23						(4) Dependent Travel			
					c. TAKEN BETWEEN				(5) DLA			
					d. AND				(6) Reimbursable Expense			
									(7) Total			
									(8) Less Advance			
									(9) Amount Owed			
									(10) Amount Due			
18. POC TRAVEL:		OWNER/OPERATOR		<input checked="" type="checkbox"/> PASSENGER		19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)						
20. Long distance telephone calls are certified as necessary in the interest of the government.		APPROVING OFFICER (31 USC 1348(b))				a. GTR/MTA NO.		b. FROM		c. TO		
						7633391459		OMAHA / DOUGLAS NE		EAST ST. LOUIS/ST. CL		
21. a. CLAIMANT SIGNATURE <i>Patti J. Thomason</i>			b. DATE 4-30-99		22. a. APPROVING OFFICER SIGNATURE <i>Cheryl A. Davis</i>			b. DATE 5/4/99				
23. ACCOUNTING CLASS								100 % FUNDED				
24. COLLECTION DATA												
25. COMPUTED BY		26. AUDITED BY		27. TRVL ORD POSTED BY		28. RECEIVED (Payee signature and date or check no.)			29. AMOUNT PAID			

98 308 117
PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE

CTASTL, 096252, C0EOMA

PASSENGER RECEIPT

SS5101

0014649

A41

BARBARA

ARC
FLIGHT CODE

XXXX

TOUR CODE

A28926122

NAME OF PASSENGER
THOMASON/PATTI

ISSUED BY
TRANS WORLD AIRLINES

ALMADA TVL OMAHA

OMAHA

PLACE OF ISSUE

NE US23APR99

NAME OF PASSENGER
THOMASON/PATTI

NAME OF PASSENGER
THOMASON/PATTI

VAEBBN/AA YCA

OMAHA

PLACE OF ISSUE

NE US23APR99

NAME OF PASSENGER
THOMASON/PATTI

NAME OF PASSENGER
THOMASON/PATTI

VAEBBN/AA YCA

OMAHA

PLACE OF ISSUE

NE US23APR99

NAME OF PASSENGER
THOMASON/PATTI

NAME OF PASSENGER
THOMASON/PATTI

VAEBBN/AA YCA

OMAHA

PLACE OF ISSUE

NE US23APR99

NAME OF PASSENGER
THOMASON/PATTI

NAME OF PASSENGER
THOMASON/PATTI

VAEBBN/AA YCA

OMAHA

PLACE OF ISSUE

NE US23APR99

NAME OF PASSENGER
THOMASON/PATTI

FP 3.70 TW OMA53.70YCA 107.40 END ZPOMA2STL2 XFSTL3

NAME OF PASSENGER
THOMASON/PATTI

FP 3.70 TW OMA53.70YCA 107.40 END ZPOMA2STL2 XFSTL3

NAME OF PASSENGER
THOMASON/PATTI

FP 3.70 TW OMA53.70YCA 107.40 END ZPOMA2STL2 XFSTL3

NAME OF PASSENGER
THOMASON/PATTI

FP 3.70 TW OMA53.70YCA 107.40 END ZPOMA2STL2 XFSTL3

NAME OF PASSENGER
THOMASON/PATTI

FP 3.70 TW OMA53.70YCA 107.40 END ZPOMA2STL2 XFSTL3

NAME OF PASSENGER
THOMASON/PATTI

FP 3.70 TW OMA53.70YCA 107.40 END ZPOMA2STL2 XFSTL3

NAME OF PASSENGER
THOMASON/PATTI

FP 3.70 TW OMA53.70YCA 107.40 END ZPOMA2STL2 XFSTL3

NAME OF PASSENGER
THOMASON/PATTI

FP 3.70 TW OMA53.70YCA 107.40 END ZPOMA2STL2 XFSTL3

NAME OF PASSENGER
THOMASON/PATTI

FP 3.70 TW OMA53.70YCA 107.40 END ZPOMA2STL2 XFSTL3

NAME OF PASSENGER
THOMASON/PATTI

FP 3.70 TW OMA53.70YCA 107.40 END ZPOMA2STL2 XFSTL3

NAME OF PASSENGER
THOMASON/PATTI

FP 3.70 TW OMA53.70YCA 107.40 END ZPOMA2STL2 XFSTL3

NAME OF PASSENGER
THOMASON/PATTI

FP 3.70 TW OMA53.70YCA 107.40 END ZPOMA2STL2 XFSTL3

NAME OF PASSENGER
THOMASON/PATTI

FP 3.70 TW OMA53.70YCA 107.40 END ZPOMA2STL2 XFSTL3

NAME OF PASSENGER
THOMASON/PATTI

FP 3.70 TW OMA53.70YCA 107.40 END ZPOMA2STL2 XFSTL3

NAME OF PASSENGER
THOMASON/PATTI

FP 3.70 TW OMA53.70YCA 107.40 END ZPOMA2STL2 XFSTL3

NAME OF PASSENGER
THOMASON/PATTI

FP 3.70 TW OMA53.70YCA 107.40 END ZPOMA2STL2 XFSTL3

NAME OF PASSENGER
THOMASON/PATTI

FP 3.70 TW OMA53.70YCA 107.40 END ZPOMA2STL2 XFSTL3

NAME OF PASSENGER
THOMASON/PATTI

FP 3.70 TW OMA53.70YCA 107.40 END ZPOMA2STL2 XFSTL3

NAME OF PASSENGER
THOMASON/PATTI

FP 3.70 TW OMA53.70YCA 107.40 END ZPOMA2STL2 XFSTL3

NAME OF PASSENGER
THOMASON/PATTI

FP 3.70 TW OMA53.70YCA 107.40 END ZPOMA2STL2 XFSTL3

NAME OF PASSENGER
THOMASON/PATTI

FP 3.70 TW OMA53.70YCA 107.40 END ZPOMA2STL2 XFSTL3

NAME OF PASSENGER
THOMASON/PATTI

FP 3.70 TW OMA53.70YCA 107.40 END ZPOMA2STL2 XFSTL3

NAME OF PASSENGER
THOMASON/PATTI

FP 3.70 TW OMA53.70YCA 107.40 END ZPOMA2STL2 XFSTL3

NAME OF PASSENGER
THOMASON/PATTI

FP 3.70 TW OMA53.70YCA 107.40 END ZPOMA2STL2 XFSTL3

NAME OF PASSENGER
THOMASON/PATTI

FP 3.70 TW OMA53.70YCA 107.40 END ZPOMA2STL2 XFSTL3

NAME OF PASSENGER
THOMASON/PATTI

FP 3.70 TW OMA53.70YCA 107.40 END ZPOMA2STL2 XFSTL3

NAME OF PASSENGER
THOMASON/PATTI

FP 3.70 TW OMA53.70YCA 107.40 END ZPOMA2STL2 XFSTL3

NAME OF PASSENGER
THOMASON/PATTI

FP 3.70 TW OMA53.70YCA 107.40 END ZPOMA2STL2 XFSTL3

NAME OF PASSENGER
THOMASON/PATTI

FP 3.70 TW OMA53.70YCA 107.40 END ZPOMA2STL2 XFSTL3

NAME OF PASSENGER
THOMASON/PATTI

FP 3.70 TW OMA53.70YCA 107.40 END ZPOMA2STL2 XFSTL3

NAME OF PASSENGER
THOMASON/PATTI

FP 3.70 TW OMA53.70YCA 107.40 END ZPOMA2STL2 XFSTL3

NAME OF PASSENGER
THOMASON/PATTI

Holiday Inn EXPRESS®

1607 Pontiac Drive
Cahokia, IL 62206
(618) 332-2000 • Fax: (618) 332-3660

Name & Address

PATRI THOMASON
HOME

Room 22-11
Arrive Date 4/22/99
Dept. Date 4/22/99
Folio #
Room Rate 120.00
Account 120.00
Mid/Seg 1.00

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of such charges.

X
SIGNATURE

CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE
------	-----------	----	-------------	--------	---------	---------

427	014	0427000	EXC	DISCOUNT 100%	120.00	120.00
427	011	0427001	EXC	SALES TAX	12.00	132.00
428	015	0428000	EXC	TAX	12.00	144.00

Holiday Inn
EXPRESS

22 APR 1999
ToH 90399766

1. DATE OF REQUEST

22-APR-1999

OR RATING

GS12

6. PHONE NO.

(402) 221-7690

SITE

IONAL/MNGRIAL

NED CONVEYANCE (Check one)

to government

ment and per diem limited to
of common carrier transportation
iem as determined in JTR. Travel
ndicated in JTR.

15. ADVANCE AUTHORIZED

\$.00

ions, excess baggage, etc.)
ORT

H TVL VOUCHER
ER CONTRACT TO THE GOVE
LT IN COLLECTION ACTION.

e and signature)
W MONZINGO G
22-APR-1999

21. DATE ISSUED

22-APR-1999

22. TRAVEL ORDER NUMBER
903997G6

NO. [REDACTED]

MEMBER NAME
THOMASON PATRI

SHIPMENT NO. & LOCATION

ESTABLISHMENT ADDRESS TO TRANSMIT TO CARD ISSUER FOR PAYMENT

1. EXPRESS CARD NO. [REDACTED]

2. PONTIAC DR
CAHOKIA, IL 62206

MEMBER'S SIGNATURE
[REDACTED]

DATE OF CHARGE 4-22-99	FOLIO NO./CHECK NO. 120.00
AUTHORIZATION 120.00	ID 120.00
PURCHASES & SERVICES	
TOTAL AMOUNT	120.00

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL
(Reference: Joint Travel Regulations)
Travel Authorized as indicated in items 2 through 21

1. DATE OF REQUEST
22-APR-1999

REQUEST FOR OFFICIAL TRAVEL

2. NAME (Last, First, Middle Initial) SSN THOMASON, PATTI J		3. POSITION TITLE AND GRADE OR RATING INDUSTRIAL HYGIENIST GS12	
4. OFFICIAL STATION INDUSTRIAL HYGIENE SECTION OMAHA, NE		5. ORGANIZATIONAL ELEMENT CENWO-ED-GI	6. PHONE NO. (402) 221-7690
7. TYPE OF ORDERS TEMPORARY DUTY	8. SECURITY CLEARANCE	9. PURPOSE OF TDY SITE VISIT SAUGET SUPERFUND SITE CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL	
10a. APPROX NO. DAYS OF TDY (Including travel time) 2	b. PROCEED O/A (DATE) 27-APR-1999		

11. ITINERARY ☒ VARIATION AUTHORIZED
LEG: 1 OF 1 AMENDMENT NUMBER: 0
FROM: OMAHA / DOUGLAS NE NEBRASKA PROCEED ON 27-APR-1999 AT 800 HRS
TO : EAST ST. LOUIS/ST. CLAIR IL ILLINOIS DEPART ON 28-APR-1999 AT 1800 HRS

12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE			
COMMERCIAL		GOVERNMENT	
RAIL	AIR XX	BUS	SHIP
		AIR	VEHICLE
		SHIP	
AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)		RATE PER MILE: More advantageous to government Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.	


13. ☒ PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR
☐ OTHER RATE OF PER DIEM (Specify)

14. ESTIMATED COST				15. ADVANCE AUTHORIZED	
PER DIEM	TRAVEL	OTHER	TOTAL		
\$110.00	\$123.00	\$50.00	\$283.00	\$.00	

16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.)
RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF TRIP IS CANCELLED OR CHANGED, TRAVELER IS LIABLE FOR ISSUED/UNUSED TICKETS UNTIL TURNED IN WITH TVL VOUCHER
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVERNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.
TRAVEL ADVANCE MUST BE SETTLED WITHIN 15 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.

17. REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ TAMI B DITTMAR L SON INDUSTRIAL HYGIENIST 22-APR-1999	18. APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JOHN W MONZINGO G SUPERVISORY CIVIL ENGINEER 22-APR-1999
--	--

AUTHORIZATION

19. ACCOUNTING CITATION  100%	
20. ORDER AUTHORIZING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ DARLENE E SKINNER LOGISTICS MANAGEMENT OFFICE 9501 JOHN J. PERSHING DR. OMAHA, NE 68112	21. DATE ISSUED 22-APR-1999 22. TRAVEL ORDER NUMBER 903997G6

Action Edit Block Field Record Query ESIG Help

Assigned Check No: 158824

Check No Trace: 1800040244

Replacement No:

Pmt Method: EFT

DSSN: 8736

Ea?:

Type: TRV SETLMT

FOA Code: G6

Check Date: 05-MAY-1999

Reference No: 903997G6

Amount: 133.73

Currency: US

Status: PRINTED

FC Amount:

Payee: PATTI J THOMASON

Certified By: AUTRY, SHIRLEY LE

Date Signed: 05-MAY-1999

Initial Signature: 58FB6AF3458DC672373

Disbursing Officer's Signature: 373086D6

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Press F2 to enter a query.

Record: 1/?

-----+
v2.1.9 ----- ACCOUNTS PAYABLE TRANSACTION VIEW SCREEN ----- 3.34 --+
OBLI NO: DACA45-98-D-0004 FUND TYPE: F FAST PAY: N REVERSAL: |
DELIV. ORDER NO: 0006 APPROP STATUS: C RCVR:S. SCHMIDT |
LINE ITEM NO: 0001 APPROP TYPE: C DEBTOR BILL NO: |
RECEIVING RPT NO: 1 EAID NO: MOA: C2 ACCT PHASE: E5A |
INVOICE NO: 1 ACCRUAL IND: EOR: 3200 TRANS DATE: 10-MAY-1999 |
FAR ORDER NO: DW96947840-0560 COST TYPE: WIP EFFECT DATE: 10-MAY-1999 |
FUND WORK ITEM: 002DCL RESOURCE CODE: CONSTSVCS TBO DISB.: |
RESOURCE PLAN: 1 WORK CATEGORY: 331R0 TRANS TYPE: APR |
MGT STRUCTURE: 015558 WORK CAT ELEM: 99998 PAYEE CLASS: ? |
APPROPRIATION: PERIOD: 199905 |
TRANSACTION ID: 1979769 GL CORR ID: AP414 GL NOT POSTED?: |
PROP CAT CODE: ? SOURCE: FORM93 TBO RPT NUMBER: |
-----+
GL ACCT DR/CR ACCOUNT NAME DEBIT AMT CREDIT AMT |
1311.25 D 3996.66 |
4252.00 D 3996.66 |
4821.00 D 3996.66 |
6500.32 D 3996.66 |
2113.00 C 3996.66 |
+ <F2> ENTER QUERY ----- <F3> EXECUTE QUERY ----- <F10> EXIT --+

Action Edit Block Field Record Query ESIG Help

Obligation No:	DACA45-98-D-0004	Delivery Order No:	0006	Inv No:	1
Description:	SAUGET SITE ONE SF, ST. LOUIS, IL			Period:	200012
Inv Reference No:	14JAN99-25FEB99 #1	Discount Days:		Percent:	
Inv Date:	07-MAY-1999	TFO Indicator:	<input type="checkbox"/>	Inv Recv'd Date:	07-MAY-1999
Pmt Address ID:	000015101	F&A Received Date:	07-MAY-1999	Final Payment:	<input type="checkbox"/>
Pmt Office ID:	1	Release of Claims:	<input type="checkbox"/>	Notice To Proceed:	Y

Line Item:	0001	Refund?	<input type="checkbox"/>	*** This INV ***	*** All INV's ***
SERVICES: COST-PLUS-FIXED-FEE SAUGET SITE				Qty:	0
Qty Ordered:	0	Unit Price:			
Amt Ordered:	302158.28	Gross Amt:	3996.66	266932.86	
Pay Estimate No:	1	Retainage Pct:	.00		
Total Estimates:	16	Retainage Amt:	.00	.00	
		Other Deductions:	.00	.00	
Program Mgr Signor		Retainage Refund:		.00	
D9BKECKFAC245B78373		Other Deduct Refund:		.00	
C.O.R. Signor		Liq. Damages:		.00	
FFFFBAY27CA139EE373		Line Item Amt:	3996.66	266932.86	

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Record: 1/7

Action Edit Block Field Record Query ESIG Help

Obligation No: **DACA45-98-D-0004** Delivery Order: **0006** Obligation Lt: **0001** Freight: ☐
 Amend No: **R00002** Amend Date: **31-MAR-2000** Fast Pay: **N**
 Work Item: **002XZ5** Fund Account: **G625294** Progress Pay: **Y**
 Fund Citation: **96NAX3122** AMSCO: **015558** Resource: **CONSTSVCS**
 Description: **SAUGRT SITE ONR SF,ST. LOUIS,I** MOA: **C2** Allot: **2417** EOR: **3200**

<PGDII> To Execute RV or Delbt Bill Query

RV No	Reference No	Cert Date	Disb Amount	DOV No	Check No	Pmt Meth
1	14JAN99-26FEB99 #1	12-MAY-1999	3996.66	135175	167233	EFT
2	03APR99-30APR99 #3	22-JUN-1999	12313.77	138986	407723	TCHEC
3	27FEB99-02APR99 #2	22-JUN-1999	3083.51	138987	407724	TCHEC
4	01MAY99-28MAY99 #4	28-JUL-1999	4454.84	142561	286345	EFT
5	29MAY99-02JUL99 #5	20-AUG-1999	923.79	144831	320102	EFT
6	03JUL99-30JUL99 #6	25-AUG-1999	6058.23	145954	331474	EFT
7	31JUL99-27AUG99 #7	08-OCT-1999	5404.78	149977	425431	EFT
8	28AUG99-01OCT99 #8	19-NOV-1999	13642.29	154960	505583	EFT
9	02OCT99-29OCT99 #9	19-NOV-1999	19218.16	154961	505600	EFT
10	30OCT99-26NOV99 #10	24-JAN-2000	11567.42	160381	612499	EFT

☐ RR ☐ Invoice ☐ Progress Pmts ☐ RV ☐ AP Transaction ☐ Check Register

Record: 1/?

Action Edit Block Field Record Query ESIG Help

Assigned Check No: 167233

Check No Trace: 1800040981

Replacement No:

Pmt Method: EFT

DSSN: 8736

Ea?: ☐

Type: CONTRACT

FOA Code: G6

Check Date: 12-MAY-1999

Reference No: DACA45-98-D-0004

Amount: 3996.66

Currency: US

Status: PRINTED

FC Amount: .000000

Payee: ROY F WESTON INC

PO BOX 8500 (S 6175)

PHILADELPHIA, PA 19178-6175

Certified By: AUTRY, SHIRLEY LE

Date Signed: 12-MAY-1999

Initial Signature: 3F4E2D678D30D8E8373

Disbursing Officer's Signature: 37399426373A0F28

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Press F2 to enter a query.

Record: 1/?

ADMINISTRATIVE, CRIMINAL OR OTHER ADVERSE ACTION. USE OF THIS SYSTEM
+--- v2.1.9 ----- ACCOUNTS PAYABLE TRANSACTION VIEW SCREEN ----- 3.34 --+
| OBLI NO: DACA45-98-D-0004 FUND TYPE: F FAST PAY: N REVERSAL: |
| DELIV. ORDER NO: 0006 APPROP STATUS: C RCVR:L. DIBEL |
| LINE ITEM NO: 0001 APPROP TYPE: C DEBTOR BILL NO: |
| RECEIVING RPT NO: 2 EAID NO: MOA: C2 ACCT PHASE: E5A |
| INVOICE NO: 2 ACCRUAL IND: EOR: 3200 TRANS DATE: 13-MAY-1999 |
| FAR ORDER NO: DW96947840-0560 COST TYPE: WIP EFFECT DATE: 13-MAY-1999 |
| FUND WORK ITEM: 002DCL RESOURCE CODE: CONSTSVCS TBO DISB.: |
| RESOURCE PLAN: 1 WORK CATEGORY: 331R0 TRANS TYPE: APR |
| MGT STRUCTURE: 015558 WORK CAT ELEM: 99998 PAYEE CLASS: ? |
| APPROPRIATION: PERIOD: 199905 |
| TRANSACTION ID: 1995439 GL CORR ID: AP414 GL NOT POSTED?: |
| PROP CAT CODE: SOURCE: FORM93 TBO RPT NUMBER: |

+-----+
| GL ACCT DR/CR ACCOUNT NAME DEBIT AMT CREDIT AMT |
| 1311.25 D 98467.66 |
| 4252.00 D 98467.66 |
| 4821.00 D 98467.66 |
| 6500.32 D 98467.66 |
| 2113.00 C 98467.66 |
+ <F2> ENTER QUERY ----- <F3> EXECUTE QUERY ----- <F10> EXIT --+

Count: 3

^ v

<Replace>

ADMINISTRATIVE, CRIMINAL OR OTHER ADVERSE ACTION. USE OF THIS SYSTEM
+-- v2.1.9 ----- ACCOUNTS PAYABLE TRANSACTION VIEW SCREEN ----- 3.34 --+
OBLI NO: DACA45-98-D-0004 FUND TYPE: F FAST PAY: N REVERSAL: |
DELIV. ORDER NO: 0006 APPROP STATUS: C RCVR:L. DIBEL |
LINE ITEM NO: 0001 APPROP TYPE: C DEBTOR BILL NO: |
RECEIVING RPT NO: 2 EAID NO: MOA: C2 ACCT PHASE: E5A |
INVOICE NO: 2 ACCRUAL IND: EOR: 3200 TRANS DATE: 14-MAY-1999 |
FAR ORDER NO: DW96947840-0560 COST TYPE: WIP EFFECT DATE: 14-MAY-1999 |
FUND WORK ITEM: 002DCL RESOURCE CODE: CONSTSVCS TBO DISB.: |
RESOURCE PLAN: 1 WORK CATEGORY: 331R0 TRANS TYPE: APR |
MGT STRUCTURE: 015558 WORK CAT ELEM: 99998 PAYEE CLASS: ? |
APPROPRIATION: PERIOD: 199905 |
TRANSACTION ID: 1996861 GL CORR ID: AP414 GL NOT POSTED?: |
PROP CAT CODE: SOURCE: FORM93 TBO RPT NUMBER: |

+-----+
GL ACCT DR/CR ACCOUNT NAME DEBIT AMT CREDIT AMT
|1311.25 D -98467.66
|4252.00 D -98467.66
|4821.00 D -98467.66
|6500.32 D -98467.66
|2113.00 C -98467.66
+ <F2> ENTER QUERY ----- <F3> EXECUTE QUERY ----- <F10> EXIT --+

Count: 3

^ v

<Replace>

GL ACCT	DR/CR	ACCOUNT NAME	DEBIT AMT	CREDIT AMT
1311.25	D	[REDACTED]	133.03	
4252.00	D	[REDACTED]	133.03	
4821.00	D	[REDACTED]	133.03	
6500.32	D	[REDACTED]	133.03	
2113.00	C	[REDACTED]		133.03
4232.00	C	[REDACTED]		133.03

+ <F2> ENTER QUERY ----- <F3> EXECUTE QUERY ----- <F10> EXIT -+

<Replace>

TRAVEL VOUCHER OR SUBVOUCHER				TV NO: 1 AMEND NO: 0							
1. PAYMENT REQUIRED BY				2. TYPE OF PAYMENT				3. FOR DO USE ONLY			
<input type="checkbox"/> CASH <input checked="" type="checkbox"/> CHECK <input type="checkbox"/> ELECTRONIC FUND TRANSFER				<input checked="" type="checkbox"/> TDY/TAD <input type="checkbox"/> PCS MEMBER / EMPLOYEE <input type="checkbox"/> OTHER <input type="checkbox"/> DEPENDENT(S) <input type="checkbox"/> DLA				a. DO VOUCHER NO. 0000136535			
4. NAME (Last, First, Middle Initial) BERAN, EMIL J				5. GRADE 12		6. SSN Privacy Act Data		b. SUBVOUCHER NO.			
7. ADDRESS a. NUMBER AND STREET Privacy Act Information.				b. CITY Privacy Act Information.		c. STATE		d. ZIP CODE		c. PAID BY 8736 26May1999 USACE FINANCE CENTER	
8. TELEPHONE NUMBER 402-221-7748		9. TRAVEL ORDER NUMBER 903994G6 22Apr1999		10. PREVIOUS PAYMENTS/ADVANCES \$.00							
11. ORGANIZATION AND STATION CHEMISTRY SECTION											
12. DEPENDENT(S)											
<input type="checkbox"/> ACCOMPANIED				<input type="checkbox"/> UNACCOMPANIED				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS SEE ATTACHED (IF APPLICABLE)			
SEE ATTACHED (IF APPLICABLE)				14. HOUSEHOLD GOODS SHIPPED <input type="checkbox"/> YES <input type="checkbox"/> NO							
15. ITINERARY											
DATE	LOCAL TIME		PLACE		MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OF MEALS Gov't Ded		POC MILES	
1999											
04/27	DEP	0800	OMAHA / DOUGLAS NE NEBRASKA		TP						
04/27	ARR	0917	EAST ST. LOUIS/ST. CLAIR IL ILLI			TD	59.00				
04/28	DEP	1707	EAST ST. LOUIS/ST. CLAIR IL ILLI		TP						
04/28	ARR	1828	OMAHA / DOUGLAS NE NEBRASKA			MC					
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
16. REIMBURSABLE EXPENSES							17. LEAVE				
DATE	b. NATURE OF EXPENSE				c. AMOUNT	b. ALLOWED	a. DAYS	b. HOURS			
28Apr1999	MILEAGE TO/FROM AIRPORT				\$ 14.80						
28Apr1999	PARKING FEES - AIRPORT				\$ 16.00						
28Apr1999	LODGING TAXES				\$ 7.23						
							c. TAKEN BETWEEN				
							d. AND				
18. POC TRAVEL: <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> PASSENGER							19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)				
20. Long distance telephone calls are certified as necessary in the interest of the government.							a. GTR/MTA NO.		b. FROM		c. TO
APPROVING OFFICER (31 USC 1348(b))							7633391458		OMAHA / DOUGLAS NE		EAST ST. LOUIS/ST. CL
21. a. CLAIMANT SIGNATURE					b. DATE		22. a. APPROVING OFFICER SIGNATURE /ELECTRONICALLY SIGNED BY/ DEL W CONNEALY				b. DATE 21May1999
23. ACCOUNTING CLASS											
100 % FUNDED											
24. COLLECTION DATA											
25. COMPUTED BY SHELIA DACQUISTO		26. AUDITED BY JUDITH MORGAN		27. TRVL ORD POSTED BY		28. RECEIVED (Payee signature and date or check no.) 383071 26May1999			29. AMOUNT PAID \$133.03		

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as indicated in items 2 through 21						1. DATE OF REQUEST 22-APR-1999	
REQUEST FOR OFFICIAL TRAVEL							
2. NAME (Last, First, Middle Initial) SSN BERAN, EMIL J				3. POSITION TITLE AND GRADE OR RATING CHEMIST GS12			
4. OFFICIAL STATION CHEMISTRY SECTION OMAHA, NE				5. ORGANIZATIONAL ELEMENT CENWO-ED-GC		6. PHONE NO. 402-221-7748	
7. TYPE OF ORDERS TEMPORARY DUTY		8. SECURITY CLEARANCE		9. PURPOSE OF TDY SITE VISIT SAUGET SUPERFUND SITE CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL			
10a. APPROX NO. DAYS OF TDY (Including travel time) 2		b. PROCEED O/A (DATE) 27-APR-1999					
11. ITINERARY <input checked="" type="checkbox"/> VARIATION AUTHORIZED LEG: 1 OF 1 AMENDMENT NUMBER: 0 FROM: OMAHA / DOUGLAS NE NEBRASKA PROCEED ON 27-APR-1999 AT 800 HRS TO : EAST ST. LOUIS/ST. CLAIR IL ILLINOIS DEPART ON 28-APR-1999 AT 1800 HRS							
12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE							
COMMERCIAL				GOVERNMENT		PRIVATELY OWNED CONVEYANCE (Check one)	
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: 0.0000
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)						<input type="checkbox"/> More advantageous to government Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.	
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)							
14. ESTIMATED COST						15. ADVANCE AUTHORIZED	
PER DIEM \$110.00		TRAVEL \$123.00		OTHER \$50.00		TOTAL \$283.00	
15. ADVANCE AUTHORIZED \$.00							
16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) See Attached For Additional Remarks TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.							
17. REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ MARY M JOHANSEN CHEMIST 22-APR-1999				18. APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JOHN W MONZINGO SUPERVISORY CIVIL ENGINEER 22-APR-1999			
AUTHORIZATION							
19. ACCOUNTING CITATION <div style="background-color: black; width: 400px; height: 20px; margin-bottom: 5px;"></div> 100%							
20. ORDER AUTHORIZING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ DARLENE E SKINNER LOGISTICS MANAGEMENT OFFICE 9501 JOHN J. PERSHING DR. OMAHA, NE 68112						OR AUTHENTICATION TRANSPORTATION ASSISTANT	
						21. DATE ISSUED 22-APR-1999	
						22. TRAVEL ORDER NUMBER 903994G6	

U.S. ARMY CORPS OF ENGINEERS
REQUEST FOR OFFICIAL TRAVEL

DATE ISSUED
22-APR-1999

NAME (Last, First)
BERAN, EMIL J

TRAVEL ORDER NUMBER
903994G6

16. REMARKS

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC
KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE
RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

Action Edit Block Field Record Query ESIG Help

Assigned Check No: 888071

Check No Trace: 1800042015

Replacement No:

Pmt Method: TCHEC

DSSN: 8736

Ea?: ☐

Type: TRV SETLMT

FOA Code: C6

Check Date: 26-MAY-1999

Reference No: 903994G6

Amount: 133.03

Currency: US

Status: PRINTED

FC Amount:

Payee: EMIL J BERAN

Certified By: MORGAN, JAMES R SR

Date Signed: 26-MAY-1999

Initial Signature: 7E18CD86886D2DED374

Disbursing Officer's Signature: 244F39832DACA8FB374

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Press F2 to enter a query.

Record: 1/?

ORGANIZATION TITLE: CHEMISTRY SECTION
TIMEKEEPER: 74 SUPERVISOR: ED25
NAME: BERAN E

FLSA: E CUTOFF DATE IS: 05/08/1999 PAY PERIOD ENDING: 05/08/1999

CHARGE	WORK	HRS	SH	N	EV															
CODE	ITEM	TYP	CD	D	HZ	04/25	04/26	04/27	04/28	04/29	04/30	05/01	05/02	05/03	05/04	05/05	05/06	05/07	05/08	Total
L21275						8.00	8.00	8.00	4.00											28.00
L27072											4.00									4.00
L38740									4.00	4.00										8.00

*The above hours were ELECTRONICALLY SIGNED ON: 30-APR-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

L21275												6.00				8.00	4.00			18.00
L27072												1.00	8.00	8.00						17.00
L38740												1.00					4.00			5.00

*The above hours were ELECTRONICALLY SIGNED ON: 10-MAY-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:						8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00			80.00
REG=	80.00	HOL=		OVT=				ALV=		OLV=			NON=							SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[REDACTED]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED25

FOR TIMEKEEPER: 74

LABOR-COST FROM : 04/25/1999

LABOR-COST TO : 05/08/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
BERAN E								80.00	Y

*** E N D O F R E P O R T - 27-DEC-2000 - 11:46 - SID G6CEFPMP1 ***

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER: 74 SUPERVISOR: ED05

NAME: CONNEALY D

FLSA: E CUTOFF DATE IS: 05/08/1999

PAY PERIOD ENDING: 05/08/1999

CHARGE	WORK	HRS	SH	N	EV															
CODE	ITEM	TYP	CD	D	HZ	04/25	04/26	04/27	04/28	04/29	04/30	05/01	05/02	05/03	05/04	05/05	05/06	05/07	05/08	Total
B02584								0.50												0.50
B02584						4.00	3.00	3.00	2.00	2.00										14.00
L26606						4.00			4.00											8.00
L26688							2.00													2.00
L27037									2.00											2.00
L28958								4.00												4.00
L30411										2.00										2.00
L33458							3.00													3.00
L35492										4.00										4.00
L40143								1.00												1.00

*The above hours were ELECTRONICALLY SIGNED ON: 30-APR-1999

BY: MONZINGO, JOHN W JOB TITLE: SUPERVISORY CIVIL ENGINEER

B02584														8.00	6.00	4.00	4.00			22.00
L21275																	4.00			4.00
L26481											8.00									8.00
L29026													2.00							2.00
L29772																4.00				4.00

*The above hours were ELECTRONICALLY SIGNED ON: 10-MAY-1999

BY: MONZINGO, JOHN W JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:						8.00	8.50	8.00	8.00	8.00				8.00	8.00	8.00	8.00	8.00		80.50
------------------	--	--	--	--	--	------	------	------	------	------	--	--	--	------	------	------	------	------	--	-------

REG= 80.50 HOL= OVT= ALV= OLV= NON= SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION


Page: 2
Date: 27-DEC-2000
TIME: 11:47:09

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED05
FOR TIMEKEEPER: 74

LABOR-COST FROM : 04/25/1999

LABOR-COST TO : 05/08/1999

EMPLOYEE COUNT = 1

EMPLOYEE REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL CERTIFIED
CONNEALY D  80.50 Y

*** END OF REPORT - 27-DEC-2000 - 11:47 - SID G6CEFMP1 ***

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 11:47:27

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION

TIMEKEEPER: 59 SUPERVISOR: ED26

NAME: THOMASON P

FLSA: E CUTOFF DATE IS: 05/08/1999

PAY PERIOD ENDING: 05/08/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	04/25	04/26	04/27	04/28	04/29	04/30	05/01	05/02	05/03	05/04	05/05	05/06	05/07	05/08	Total
L21275								8.00	8.00	4.00	2.00									22.00
L36928							7.25			4.00										11.25
L38740											6.00									6.00
LEAVE							0.75													0.75

*The above hours were ELECTRONICALLY SIGNED ON: 30-APR-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

B02584																				1.00
L21275																	8.00			8.00
L27782														6.00	8.00	4.50				18.50
L32482																2.00				2.00
L33120																1.00				1.00
L38740																	8.00			8.00
LEAVE																1.00	0.50			1.50

*The above hours were ELECTRONICALLY SIGNED ON: 10-MAY-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

Employee Totals:						8.00	8.00	8.00	8.00	8.00				8.00	8.00	8.00	8.00	8.00		80.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	--	------	------	------	------	------	--	-------

REG=	77.75	HOL=		OVT=		ALV=	2.25	OLV=		NON=		SP-RATE-HRS=	
------	-------	------	--	------	--	------	------	------	--	------	--	--------------	--

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED26
FOR TIMEKEEPER: 59

LABOR-COST FROM : 04/25/1999 LABOR-COST TO : 05/08/1999
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
THOMASON P								80.00	Y

*** END OF REPORT - 27-DEC-2000 - 11:47 - SID G6CEFMP1 ***

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 05/08/1999

PAY PERIOD ENDING: 05/08/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	04/25	04/26	04/27	04/28	04/29	04/30	05/01	05/02	05/03	05/04	05/05	05/06	05/07	05/08	Total
------	------	-----	----	---	----	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------

B00594							8.00			4.00										12.00
--------	--	--	--	--	--	--	------	--	--	------	--	--	--	--	--	--	--	--	--	-------

B00667											8.00									8.00
--------	--	--	--	--	--	--	--	--	--	--	------	--	--	--	--	--	--	--	--	------

L35672							8.00	8.00	4.00											20.00
--------	--	--	--	--	--	--	------	------	------	--	--	--	--	--	--	--	--	--	--	-------

*The above hours were ELECTRONICALLY SIGNED ON: 30-APR-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

B00594												6.00	6.00	6.00						18.00
--------	--	--	--	--	--	--	--	--	--	--	--	------	------	------	--	--	--	--	--	-------

L35672																1.00				1.00
--------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	------	--	--	--	------

L35672												2.00	2.00	2.00	8.00	8.00				22.00
--------	--	--	--	--	--	--	--	--	--	--	--	------	------	------	------	------	--	--	--	-------

*The above hours were ELECTRONICALLY SIGNED ON: 10-MAY-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:							8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	9.00	8.00		81.00
------------------	--	--	--	--	--	--	------	------	------	------	------	--	--	------	------	------	------	------	--	-------

REG=	80.00	HOL=		OVT=	1.00	ALV=		OLV=		NON=		SP-RATE-HRS=	
------	-------	------	--	------	------	------	--	------	--	------	--	--------------	--

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 11:46:26

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 04/25/1999

LABOR-COST TO : 05/08/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
GOUGER T								81.00	Y

*** END OF REPORT - 27-DEC-2000 - 11:46 - SID G6CEPMP1 ***

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

PLSA: E CUTOFF DATE IS: 05/08/1999

PAY PERIOD ENDING: 05/08/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	04/25	04/26	04/27	04/28	04/29	04/30	05/01	05/02	05/03	05/04	05/05	05/06	05/07	05/08	Total
------	------	-----	----	---	----	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------

B00594							8.00				4.00									12.00
--------	--	--	--	--	--	--	------	--	--	--	------	--	--	--	--	--	--	--	--	-------

B00667												8.00								8.00
--------	--	--	--	--	--	--	--	--	--	--	--	------	--	--	--	--	--	--	--	------

L35672								8.00	8.00	4.00										20.00
--------	--	--	--	--	--	--	--	------	------	------	--	--	--	--	--	--	--	--	--	-------

*The above hours were ELECTRONICALLY SIGNED ON: 30-APR-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

B00594													6.00	6.00	6.00					18.00
--------	--	--	--	--	--	--	--	--	--	--	--	--	------	------	------	--	--	--	--	-------

L35672																	1.00			1.00
--------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	------	--	--	------

L35672													2.00	2.00	2.00	8.00	8.00			22.00
--------	--	--	--	--	--	--	--	--	--	--	--	--	------	------	------	------	------	--	--	-------

*The above hours were ELECTRONICALLY SIGNED ON: 10-MAY-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:							8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	9.00	8.00			81.00
------------------	--	--	--	--	--	--	------	------	------	------	------	--	------	------	------	------	------	--	--	-------

REG=	80.00	HOL=		OVT=	1.00	ALV=		OLV=		NON=		SP-RATE-HRS=	
------	-------	------	--	------	------	------	--	------	--	------	--	--------------	--

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 04/25/1999

LABOR-COST TO : 05/08/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
GOUGER T	[REDACTED]		[REDACTED]					81.00	Y

 *** END OF REPORT - 27-DEC-2000 - 11:46 - SID G6CEFMPI ***

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER: 74 SUPERVISOR: ED25

NAME: BERAN E

FLSA: E CUTOFF DATE IS: 05/22/1999

PAY PERIOD ENDING: 05/22/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	05/09	05/10	05/11	05/12	05/13	05/14	05/15	05/16	05/17	05/18	05/19	05/20	05/21	05/22	Total
L21275						8.00	8.00	8.00												24.00
L27072									4.00	8.00										12.00
L38740									4.00											4.00

*The above hours were ELECTRONICALLY SIGNED ON: 14-MAY-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

L27072												2.00								2.00
L27072										6.00										6.00
L27072												8.00	8.00	8.00	4.00	4.00				32.00
L38740																4.00	4.00			8.00

*The above hours were ELECTRONICALLY SIGNED ON: 24-MAY-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:						8.00	8.00	8.00	8.00	8.00		6.00	10.00	8.00	8.00	8.00	8.00			88.00
------------------	--	--	--	--	--	------	------	------	------	------	--	------	-------	------	------	------	------	--	--	-------

REG=	88.00	HOL=	OVT=	ALV=	OLV=	NON=	SP-RATE-HRS=
------	-------	------	------	------	------	------	--------------

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED25

FOR TIMEKEEPER: 74

LABOR-COST FROM : 05/09/1999

LABOR-COST TO : 05/22/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
BERAN E								88.00	Y

*** END OF REPORT - 27-DEC-2000 - 11:47 - SID G6CEFMP1 ***

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION

TIMEKEEPER: 59 SUPERVISOR: ED26

NAME: THOMASON P

PLSA: E CUTOFF DATE IS: 05/22/1999

PAY PERIOD ENDING: 05/22/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	05/09	05/10	05/11	05/12	05/13	05/14	05/15	05/16	05/17	05/18	05/19	05/20	05/21	05/22	Total
L09056											4.00									4.00
L21275							7.50		4.00											11.50
L27072											4.00									4.00
L27782								6.00												6.00
L38740										4.00										4.00
L43177								2.00	4.00	4.00										10.00
LEAVE							0.50													0.50

*The above hours were ELECTRONICALLY SIGNED ON: 17-MAY-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

L09056																	6.00			6.00
L27072																	3.00			3.00
L32565														7.00			1.00			8.00
L35735																	1.00			1.00
L38740																	2.00			2.00
L43177														7.00		0.75				7.75
L44123																	1.00	7.00		8.00
LEAVE														1.00	1.00	1.25		1.00		4.25

*The above hours were ELECTRONICALLY SIGNED ON: 24-MAY-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

Employee Totals:						8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00	8.00		80.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	------	------	------	------	------	------	--	-------

REG=	75.25	HOL=		OVT=		ALV=	4.75	OLV=		NON=		SP-RATE-HRS=	
------	-------	------	--	------	--	------	------	------	--	------	--	--------------	--

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED26
FOR TIMEKEEPER: 59

LABOR-COST FROM : 05/09/1999

LABOR-COST TO : 05/22/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
THOMASON P								80.00	Y

*** END OF REPORT - 27-DEC-2000 - 11:48 - SID G6CEFMP1 ***

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER: 74 SUPERVISOR: ED05

NAME: CONNEALY D

FLSA: E CUTOFF DATE IS: 05/22/1999

PAY PERIOD ENDING: 05/22/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	05/09	05/10	05/11	05/12	05/13	05/14	05/15	05/16	05/17	05/18	05/19	05/20	05/21	05/22	Total
------	------	-----	----	---	----	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------

B02584						2.00	4.00	8.00	2.00	2.00										18.00
L21275						2.00														2.00
L26606							4.00													4.00
L29000						4.00														4.00
L32330									6.00											6.00
L33120										3.00										3.00
L34645										3.00										3.00

*The above hours were ELECTRONICALLY SIGNED ON: 17-MAY-1999

BY: MONZINGO, JOHN W JOB TITLE: SUPERVISORY CIVIL ENGINEER

B02584												4.00	3.00	5.00		4.00	6.00			22.00
B05284																4.00				4.00
L22996																	2.00			2.00
L26606												4.00								4.00
L26622															3.00					3.00
L42633														5.00						5.00

*The above hours were ELECTRONICALLY SIGNED ON: 24-MAY-1999

BY: MONZINGO, JOHN W JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:						8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00			80.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	------	------	------	------	------	--	--	-------

REG=	80.00	HOL=	OVI=	ALV=	OLV=	NON=	SP-RATE-HRS=
------	-------	------	------	------	------	------	--------------

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL; AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED05
FOR TIMEKEEPER: 74

LABOR-COST FROM : 05/09/1999

LABOR-COST TO : 05/22/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
CONNEALY D								80.00	Y

*** END OF REPORT - 27-DEC-2000 - 11:48 - SID G6CEPMP1 ***

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

PLSA: E CUTOFF DATE IS: 05/22/1999

PAY PERIOD ENDING: 05/22/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	05/09	05/10	05/11	05/12	05/13	05/14	05/15	05/16	05/17	05/18	05/19	05/20	05/21	05/22	Total
B00594							4.00	4.00	4.00	4.00	5.50			8.00	6.00	6.00	4.00			45.50
L35672							4.00	4.00	4.00	4.00								4.00		20.00
L42136															2.00	2.00	4.00			8.00
LEAVE											2.50							4.00		6.50

*The above hours were ELECTRONICALLY SIGNED ON: 24-MAY-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:						8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00			80.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	------	------	------	------	------	--	--	-------

REG=	73.50	HOL=		OVT=		ALV=	6.50	OLV=		NON=		SP-RATE-HRS=	
------	-------	------	--	------	--	------	------	------	--	------	--	--------------	--

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 05/09/1999

LABOR-COST TO : 05/22/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
GOUGER T								80.00	Y

*** END OF REPORT - 27-DEC-2000 - 11:48 - SID G6CEPMP1 ***

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 11:49:25

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 06/05/1999

PAY PERIOD ENDING: 06/05/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	05/23	05/24	05/25	05/26	05/27	05/28	05/29	05/30	05/31	06/01	06/02	06/03	06/04	06/05	Total
B00594							2.00	7.00	4.00	4.00										17.00
L35672							4.00	1.00												5.00
LEAVE									4.00	4.00	8.00									16.00
LEAVE														8.00						8.00
LEAVE							2.00													2.00

*The above hours were ELECTRONICALLY SIGNED ON: 28-MAY-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

B00594														8.00	5.50	7.00	5.50			26.00
LEAVE																1.00	2.50			3.50
LEAVE																2.50				2.50

*The above hours were ELECTRONICALLY SIGNED ON: 07-JUN-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals: 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 80.00

REG= 48.00 HOL= OVT= ALV= 19.50 OLV= NON= 12.50 SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 11:49:25

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 05/23/1999

LABOR-COST TO : 06/05/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
GOUGER T								80.00	Y

*** END OF REPORT - 27-DEC-2000 - 11:49 - SID G6CEPMP1 ***

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION

TIMEKEEPER: 59 SUPERVISOR: ED26

NAME: THOMASON P

FLSA: E CUTOFF DATE IS: 05/08/1999

PAY PERIOD ENDING: 05/08/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 04/25 04/26 04/27 04/28 04/29 04/30 05/01 05/02 05/03 05/04 05/05 05/06 05/07 05/08 Total

L21275					8.00	8.00	4.00	2.00										22.00
L36928					7.25		4.00											11.25
L38740								6.00										6.00
LEAVE					0.75													0.75

*The above hours were ELECTRONICALLY SIGNED ON: 30-APR-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

B02584								1.00										1.00
L21275											8.00							8.00
L27782									6.00	8.00	4.50							18.50
L32482											2.00							2.00
L33120											1.00							1.00
L38740												8.00						8.00
LEAVE								1.00			0.50							1.50

*The above hours were ELECTRONICALLY SIGNED ON: 10-MAY-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

Employee Totals:						8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00		80.00
------------------	--	--	--	--	--	------	------	------	------	------	--	------	------	------	------	------	--	-------

REG= 77.75 HOL= OVT= ALV= 2.25 OLV= NON= SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[REDACTED]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED26
FOR TIMEKEEPER: 59

LABOR-COST FROM : 04/25/1999 LABOR-COST TO : 05/08/1999
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
THOMASON P								80.00	Y

*** E N D O F R E P O R T - 27-DEC-2000 - 11:31 - SID G6CEPMP1 ***

CIC #: 99EPA SUPERFUND
BILLED DATE 03-MAY-1999
CUSTOMER ORDER NUMBER DW96947840-0560
(DW96947840 - RAPID RESPONSE AT SAUGET AREA, IL IL980792006)

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

PAGE NO. 001

* ACCOUNTS OF *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *

D.O.VOUCHER NO. BU VOUCHER NO. BILL NO. PAID BY CHECK NO. COLLECTION VOU. NO.
28012754
PARTIAL # 7 01-APR-1999 THRU 03-MAY-1999

BILLED OFFICE (MAIL TO):
CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):
USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER
MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

BILLING ACCOUNTING CLASSIFICATION

68 20 X 8145.0000 NA \$9,518.35 96 NA X \$9,518.35

LINE ITEM MOA DESCRIPTION

000001 CONTRACT - OUTSIDE GOVERNMENT
000001 INHOUSE - OTHER RESOURCES
000001 INHOUSE - LABOR
000001 INHOUSE - LABOR
000001 INHOUSE - LABOR
000001 INHOUSE - LABOR

SUBTOTAL

PARTIAL AMOUNT PAID

PAYMENT DUE DATE 02-JUN-1999

PAY THIS AMOUNT

\$9,518.35
\$9,518.35
\$0.00

FUNDS AUTHORIZED: \$279,400.00
TOTAL BILLED AMOUNT: \$34,426.50
PREVIOUS BILLED AMOUNT: \$24,908.15
CURRENT BILLED AMOUNT: \$9,518.35
TOTAL FLUX BILLED: \$0.00
PREVIOUS FLUX BILLED: \$0.00
CURRENT FLUX BILLED: \$0.00

CERTIFICATE OF OFFICE BILLED
I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS
STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE,
OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

DATE _____ AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER _____

TRANSACTION LISTING
OMAHA DISTRICTPage: 1
Date: 19-DEC-2001

CUSTOMER ORDER: DW96947840-0560

ACCOUNTING PERIOD: 04-1999

CONTRACT - OUTSIDE GOVERNMENT

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
29-APR-1999	W59XQG90981001	903649G6	NA		1	TRANSPER		\$162.41
SUBTOTAL COST:								\$162.41

INHOUSE - OTHER RESOURCES

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
22-APR-1999	W59XQG90475615					REPRO		\$62.85
SUBTOTAL COST:								\$62.85

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor \$	G&A \$	Indirect \$	Total
12-APR-1999	L21275	30-MAR-1999							\$401.00
12-APR-1999	L21275	30-MAR-1999							\$425.31
12-APR-1999	L21275	06-APR-1999							\$133.66
12-APR-1999	L35672	05-APR-1999							\$372.12
12-APR-1999	L35672	31-MAR-1999							\$496.16
19-APR-1999	L21275	16-APR-1999							\$567.08
19-APR-1999	L21275	16-APR-1999							\$133.66
26-APR-1999	L21275	23-APR-1999							\$802.00
26-APR-1999	L35672	22-APR-1999							\$166.84
26-APR-1999	L42453	19-APR-1999							\$249.14
26-APR-1999	L21275	23-APR-1999							\$850.63
30-APR-1999	L21275	29-APR-1999							\$1,984.78
30-APR-1999	L35672	29-APR-1999							\$1,240.38
30-APR-1999	L21275	30-APR-1999							\$1,470.33
SUBTOTAL CO						\$5,287.75	\$1,295.50	\$2,709.84	\$9,293.09
TOTAL COST:								\$9,518.35	

*** END OF REPORT - 19-DEC-2001 - 14:15 - SID G6CEFMP1 ***

GL ACCT	DR/CR	ACCOUNT NAME	DEBIT AMT	CREDIT AMT
1311.25	D	[REDACTED]	162.41	
4252.00	D	[REDACTED]	162.41	
4821.00	D	[REDACTED]	162.41	
6500.32	D	[REDACTED]	162.41	
2113.00	C	[REDACTED]		162.41
4232.00	C	[REDACTED]		162.41
+ <F2> ENTER QUERY ----- <F3> EXECUTE QUERY ----- <F10> EXIT --				

Count: 6 ^ v

TRAVEL VOUCHER OR SUBVOUCHER				TV NO: 1 AMEND NO: 0							
1. PAYMENT REQUIRED BY				2. TYPE OF PAYMENT				3. FOR DO USE ONLY			
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input checked="" type="checkbox"/> ELECTRONIC FUND TRANSFER				<input checked="" type="checkbox"/> TDY/TAD <input type="checkbox"/> PCS MEMBER / EMPLOYEE <input type="checkbox"/> OTHER <input type="checkbox"/> DEPENDENT(S) <input type="checkbox"/> DLA				a. DO VOUCHER NO. 0000133924			
4. NAME (Last, First, Middle Initial) GOUGER, TIMOTHY P				5. GRADE 12		6. SSN Privacy Act Data		b. SUBVOUCHER NO.			
7. ADDRESS a. NUMBER AND STREET Privacy Act Information.				b. CITY Privacy Act Information.		c. STATE		d. ZIP CODE		c. PAID BY 8736 04May1999 USACE FINANCE CENTER	
8. TELEPHONE NUMBER 402-293-2514		9. TRAVEL ORDER NUMBER 903649G6 08Apr1999		10. PREVIOUS PAYMENTS/ADVANCES \$.00							
11. ORGANIZATION AND STATION RAPID RESPONSE RESIDENT O											
12. DEPENDENT(S)				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS SEE ATTACHED (IF APPLICABLE)							
<input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED SEE ATTACHED (IF APPLICABLE)											
				14. HOUSEHOLD GOODS SHIPPED <input type="checkbox"/> YES <input type="checkbox"/> NO							
15. ITINERARY											
DATE	LOCAL TIME	PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OF MEALS Gov't Ded		POC MILES			
1999											
04/27	DEP 0700	OMAHA / DOUGLAS NE NEBRASKA	TP								
04/27	ARR 0920	ST LOUIS MO MISSOURI		TD	59.00						
04/28	DEP 1420	ST LOUIS MO MISSOURI	TP								
04/28	ARR 1630	OMAHA / DOUGLAS NE NEBRASKA		MC							
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
16. REIMBURSABLE EXPENSES						17. LEAVE					
DATE	b. NATURE OF EXPENSE			c. AMOUNT	b. ALLOWED	a. DAYS	b. HOURS				
28Apr1999	CREDIT CARD ATM FEE			\$ 1.88							
28Apr1999	MILEAGE TO/FROM AIRPORT			\$ 9.30		c. TAKEN BETWEEN					
28Apr1999	PARKING FEES - AIRPORT			\$ 16.00		d. AND					
28Apr1999	LODGING TAXES			\$ 7.23							
18. POC TRAVEL: OWNER/OPERATOR PASSENGER						19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)					
20. Long distance telephone calls are certified as necessary in the interest of the government. APPROVING OFFICER (31 USC 1348(b))						a. GTR/MTA NO.		b. FROM		c. TO	
						7633391413		OMAHA / DOUGLAS NEB		CHICAGO / DU PAGE,	
21. a. CLAIMANT SIGNATURE				b. DATE		22. a. APPROVING OFFICER SIGNATURE /ELECTRONICALLY SIGNED BY/ JEROME M WOODS				b. DATE 29Apr1999	
23. ACCOUNTING CLASS <div style="background-color: black; width: 100%; height: 1em;"></div> 100 % FUNDED											
24. COLLECTION DATA											
25. COMPUTED BY SHELIA DACQUISTO		26. AUDITED BY JUDITH MORGAN		27. TRVL ORD POSTED BY		28. RECEIVED (Payee signature and date or check no.) 156583 04May1999			29. AMOUNT PAID \$162.41		

TRAVEL VOUCHER OR SUBVOUCHER

Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in Remarks.

1. PAYMENT REQUIRED BY (X one)		2. TYPE OF PAYMENT (X as applicable)		3. FOR D.S. USE ONLY							
CASH	<input checked="" type="checkbox"/> CHECK	TOT/TAD	PCS	D.O. VOUCHER NUMBER							
ELECTRONIC FUND TRANSFER		OTHER	(Member) Employee	Dependent(s)		DLA					
4. NAME (Last, First, Middle Initial) (Print or type)			5. GRADE		8. SSN		b. SUBVOUCHER NUMBER				
Gouger Timothy P			GS-12		[REDACTED]						
7. ADDRESS, a. NUMBER AND STREET			b. CITY	c. STATE	d. ZIP CODE	c. PAID BY					
[REDACTED]			[REDACTED]	[REDACTED]	[REDACTED]						
9. TELEPHONE NUMBER (Include Area Code)		9. TRAVEL ORDER NUMBER		10. PREVIOUS PAYMENTS/ADVANCES							
[REDACTED]		90364966		[REDACTED]							
11. ORGANIZATION AND STATION				13. DEPENDENTS' ADDRESS OR RECEIPT OF ORDERS (include Zip Code)							
CENW-CO-KC				[REDACTED]							
12. DEPENDENT(S) (X and complete as applicable)				14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)							
ACCOMPANIED		<input checked="" type="checkbox"/> UNACCOMPANIED		YES <input checked="" type="checkbox"/> NO (Explain in Remarks)							
a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE									
15. ITINERARY				4. COMPUTATIONS							
a. DATE	b. LOCAL TIME (24 hour)	c. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	d. MEANS/MODE OF TRAVEL	e. REASON FOR STOP	f. NUMBER OF MEALS (1) Gov't (B-L-D) (2) Ded (B-L-D)		g. POC MILES				
Apr 21	DEP 1700	Home	PA								
	ARR 1730			AT				15			
	DEP 1825	Edley	CP								
	ARR 1840			TD							
Apr 28	DEP 1420	St Louis IL	CP		59						
	ARR 1540			AT							
	DEP 1600	Edley	PA								
	ARR 1630	" "		ML				15			
	DEP	Home									
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
16. REIMBURSABLE EXPENSES				17. LEAVE		a. SUMMARY OF PAYMENT					
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	a. DAYS	b. HOURS	(1) Per Diem					
Apr 28	Hotel	\$ 16.23	/			(2) Actual Expense Allowance					
	Parking	\$ 16.00	/			(3) Mileage					
	Airfare	\$ 1.83	/			(4) Dependent Travel					
	TX	7.23	/			(5) DLA					
	POC - 30 X .31	9.30	/			(6) Reimbursable Expenses					
				c. TAKEN BETWEEN		(7) Total					
				a. AND		(8) Less Advance					
						(9) Amount Owed					
						(10) Amount Due					
18. POC TRAVEL (X one)				19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)							
OWN/OPERATE		PASSENGER		a. GTR/MTA NO.	b. FROM	c. TO					
20. LONG DISTANCE TELEPHONE CALLS ARE CERTIFIED AS NECESSARY IN THE INTEREST OF THE GOVERNMENT. APPROVING OFFICER: (31 USC 1342(b))											
21. a. CLAIMANT SIGNATURE				b. DATE	22. a. APPROVING OFFICER SIGNATURE			b. DATE			
Timothy P. Gouger				4/29/99							
23. ACCOUNTING CLASSIFICATION											
ATTN Fee : \$1.50											
Amount 1.9%				\$1.83							
				7633391413							
24. COLLECTION DATA											
25. COMPUTED BY		26. AUDITED BY		27. TRAVEL ORDER POSTED BY		28. RECEIVED (Payee Signature and Date or Check No.)				29. AMOUNT PAID	

Holiday Inn EXPRESS®

1607 Pontiac Drive
Cahokia, IL 62206
(618) 332-2000 • Fax: (618) 332-3660

Name & Address

TIM GULSEF
HOVE

Room 100-11
Arrive Date 4/20/88
Dept. Date 4/22/88
Folio # 0
Room Rate 55.00
Account 8-38400
Mkt/Seg 4-227

Page

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of such charges.

X
SIGNATURE

DATE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE
4-20	114	0427000	END	DISCOUNT ROOM	55.00	.00	55.00
4-20	114	0427001	END	SALES TAX	1.00	.00	56.00
4-20	114	0427000	END	VISA	.00	56.00	.00
TOTAL							.00

ACCT. NO. [REDACTED]
CARD MEMBER NAME TIM GULSEF
ESTABLISHMENT NO. & LOCATION HOLIDAY INN CAHOKIA 1607 PONTIAC DRIVE CAHOKIA, IL 62206
CARD MEMBER'S SIGNATURE X [Signature]

DATE OF CHARGE 4-22-88	FOLIO NO./CHECK NO. 100-11
AUTHORIZATION [Signature]	ID [Signature]
PURCHASES & SERVICES [REDACTED]	
TOTAL AMOUNT	56.00

IT IS UNLAWFUL TO PURCHASE OR RESELL THIS TICKET PROMOTED ANY

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as indicated in items 2 through 21							1. DATE OF REQUEST 24-AUG-1999	
REQUEST FOR OFFICIAL TRAVEL								
2. NAME (Last, First, Middle Initial) SSN GOUGER, TIMOTHY P					3. POSITION TITLE AND GRADE OR RATING ENVIRONMENTAL ENGINEER GS12			
4. OFFICIAL STATION RAPID RESPONSE RESIDENT OFFICE OPFUTT, APB, NE					5. ORGANIZATIONAL ELEMENT CENWO-CD-FC-R		6. PHONE NO. 402-293-2514	
7. TYPE OF ORDERS TEMPORARY DUTY			8. SECURITY CLEARANCE		9. PURPOSE OF TDY TECH SUPPORT CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL			
10a. APPROX NO. DAYS OF TDY (Including travel time) 2			10b. PROCEED O/A (DATE) 27-APR-1999					
11. ITINERARY					<input checked="" type="checkbox"/> VARIATION AUTHORIZED			
LEG: 1 OF 1 AMENDMENT NUMBER: 1 FROM: OMAHA / DOUGLAS NEBRASKA PROCEED ON 27-APR-1999 AT 600 HRS TO : CHICAGO / DU PAGE, COOK & LAKE ILLINOIS DEPART ON 28-APR-1999 AT 1900 HRS								
12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE								
COMMERCIAL				GOVERNMENT			PRIVATELY OWNED CONVEYANCE (Check one)	
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: 0.0000	
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)						<input type="checkbox"/> More advantageous to government		
						<input type="checkbox"/> Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.		
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)								
14. ESTIMATED COST							15. ADVANCE AUTHORIZED	
PER DIEM \$224.00		TRAVEL \$173.00		OTHER \$200.00		TOTAL \$597.00		\$.00
16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) See Attached For Additional Remarks TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.								
17. REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ MARILYN B MIKULA TRANSPORTATION ASSISTANT (FLEE 24-AUG-1999					18. APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ MARILYN B MIKULA TRANSPORTATION ASSISTANT (FLEE 24-AUG-1999			
AUTHORIZATION								
19. ACCOUNTING CITATION <div style="background-color: black; height: 15px; width: 400px;"></div> <div style="float: right;">100%</div>								
20. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION /ELECTRONICALLY SIGNED BY/ MARILYN B MIKULA TRANSPORTATION ASSISTANT (FLEE LOGISTICS MANAGEMENT OFFICE 9501 JOHN J. PERSHING DR. OMAHA, NE68112							21. DATE ISSUED 24-AUG-1999	
							22. TRAVEL ORDER NUMBER 903649G6	

U.S. ARMY CORPS OF ENGINEERS
REQUEST FOR OFFICIAL TRAVEL

DATE ISSUED
24-AUG-1999

NAME (Last, First)
GOUGER, TIMOTHY P

TRAVEL ORDER NUMBER
903649G6

16. REMARKS

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TICKET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVERNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as indicated in items 2 through 21							1. DATE OF REQUEST 08-APR-1999	
REQUEST FOR OFFICIAL TRAVEL								
2. NAME (Last, First, Middle Initial) SSN GOUGER, TIMOTHY P					3. POSITION TITLE AND GRADE OR RATING ENVIRONMENTAL ENGINEER GS12			
4. OFFICIAL STATION RAPID RESPONSE RESIDENT OFFICE OFFUTT, AFB, NE					5. ORGANIZATIONAL ELEMENT CENWO-CD-FC-R		6. PHONE NO. 402-293-2514	
7. TYPE OF ORDERS TEMPORARY DUTY			8. SECURITY CLEARANCE 		9. PURPOSE OF TDY TECH SUPPORT CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL			
10a. APPROX NO. DAYS OF TDY (Including travel time) 2			10b. PROCEED O/A (DATE) 27-APR-1999					
11. ITINERARY <input checked="" type="checkbox"/> VARIATION AUTHORIZED LEG: 1 OF 1 AMENDMENT NUMBER: 0 FROM: OMAHA / DOUGLAS NEBRASKA PROCEED ON 27-APR-1999 AT 600 HRS TO : CHICAGO / DU PAGE, COOK & LAKE ILLINOIS DEPART ON 28-APR-1999 AT 1900 HRS								
12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE								
COMMERCIAL				GOVERNMENT			PRIVATELY OWNED CONVEYANCE (Check one)	
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: 0.0000	
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)						<input type="checkbox"/> More advantageous to government		
						<input type="checkbox"/> Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.		
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)								
14. ESTIMATED COST							15. ADVANCE AUTHORIZED	
PER DIEM \$224.00		TRAVEL \$173.00		OTHER \$200.00		TOTAL \$597.00		\$.00
16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) See Attached For Additional Remarks TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.								
17. REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN SUPERVISORY CIVIL ENGINEER 08-APR-1999					18. APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JEROME M WOODS LA SUPERVISORY CIVIL ENGINEER 08-APR-1999			
AUTHORIZATION								
19. ACCOUNTING CITATION <div style="background-color: black; height: 1em; width: 400px;"></div> 100%								
20. ORDER AUTHORIZING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JANICE L WZOREK PORT CROOK AREA OFFICE USACE P.O. BOX 13287 OFFUTT, AFB, NE 68113							21. DATE ISSUED 08-APR-1999	
							22. TRAVEL ORDER NUMBER 903649G6	

U.S. ARMY CORPS OF ENGINEERS
REQUEST FOR OFFICIAL TRAVEL

DATE ISSUED
08-APR-1999

NAME (Last, First)
GOUGER, TIMOTHY P

TRAVEL ORDER NUMBER
903649G6

16. REMARKS

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TICKET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVERNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

Action Edit Block Field Record Query ESIG Help

Assigned Check No: 156588

Check No Trace: 1800040141

Replacement No:

Pmt Method: EFT DSSN: 8736

Ea?:

Type: TRV SETLMT

FOA Code: G6

Check Date: 04-MAY-1999

Reference No: 903649G6

Amount: 162.41

Currency: US

Status: PRINTED

FC Amount:

Payee: TIMOTHY P COUGER

Certified By: AUTRY, SHIRLEY LE

Date Signed: 04-MAY-1999

Initial Signature: 71BF677D9A5C2DF8372

Disbursing Officer's Signature: 372EEF42

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Press F2 to enter a query.

Record: 1/?

Action Edit Block Field Record Query ESIG Help

Ordering PR&C No: 059X0080475615

Ordering Wt: 002X25

Approp Type: C

Accounting Class:

PR&C Line Item No:

1

REPRO FOR DACA45-98-D-0004 #6 SAUGET

Resource Code:

REPRO

DPS PRINT FACILITY CHARGES

Operating Work Item:

RF3911

DEFENSE PRINTING SERVICE PAYMENTS

Requesting Org:

G6M1JRO

Bill Number:

30101207

Bill Date:

22-APR-1999

Bill Amount:

62.85

Begin Date:

End Date:

Qty Ordered:

.0000

Qty Previously Issued:

Qty Due Out:

Unit Of Measure:

LS

LUMP SUM

Standard Rate:

Remarks:

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Record: 1/?

SHOP/FACILITY IN-HOUSE PURCHASE REQUEST AND COMMITMENT For use of this form, see AR 37-1: the proponent agency is Hq Dept. ARMY				PURCHASE INSTRUMENT NO.		REQUISITION NO. W59XQG90475615		DATE 16Feb1999		PAGE 0001																																										
TO: INFORMATION MANAGEMENT OFFICE				THRU:				FROM: RAPID RESPONSE RESIDENT OFFICE																																												
It is requested that the supplies and services enumerated below or on attached list be:																																																				
PURCHASED FOR RAPID RESPONSE RESIDENT OFFICE						DELIVERED TO SEE LINE ITEM BELOW				NOT LATER THAN (DATE) SEE LINE ITEM BELOW																																										
The supplies and services listed below cannot be secured through normal channels or other Army supply sources in the immediate vicinity, and their procurement will not violate existing regulations pertaining to local purchases for stock, therefore, local procurement is necessary for the following reason: (Check appropriate box and complete item)						NAME OF PERSON TO CALL FOR ADDITIONAL INFORMATION TIMOTHY GOUGER				TELEPHONE NUMBER 402-293-2514																																										
LOCAL PURCHASES AUTHORIZED AS THE NORMAL MEANS OF SUPPLY FOR THE FOREGOING BY				REQUISITIONING DISCLOSES NONAVAILABILITY OF ITEMS AND LOCAL PURCHASE IS AUTHORIZED BY				Fund Certification The supplies and services listed on this request are properly chargeable to the following allotments, the available balances of which are sufficient to cover the cost thereof, and funds have been committed.																																												
EMERGENCY SITUATION PRECLUDES USE OF REQUISITION CHANNELS FOR SECURING ITEM																																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">ITEM</th> <th rowspan="2">DESCRIPTION OF SUPPLY OR SERVICES</th> <th rowspan="2">QUANTITY</th> <th rowspan="2">UNIT</th> <th colspan="2">ESTIMATED</th> <th rowspan="2">ACCOUNTING CLASSIFICATION AND AMOUNT</th> </tr> <tr> <th>UNIT PRICE</th> <th>TOTAL COST</th> </tr> </thead> <tbody> <tr> <td>0001</td> <td>REPRO FOR DACA45-98-D-0004 #6 SAUGET [REDACTED] TIMOTHY GOUGER</td> <td>0</td> <td>LS</td> <td>\$.00</td> <td>\$200.00</td> <td>SEE LINE ITEM BELOW \$200.00</td> </tr> <tr> <td>DEL DATE SHIP TO DEL TO</td> <td>16Feb1999 [REDACTED] TIMOTHY GOUGER</td> <td></td> <td></td> <td></td> <td>96252 2400 002DCL 402-293-2514</td> <td> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TYPED NAME AND TITLE OF CERTIFYING OFFICER</td> <td>SIGNATURE</td> <td>DATE</td> </tr> <tr> <td>MAX MCCRIGHT STAFF ACCOUNTANT</td> <td>/S/MAX C MCCRIGHT</td> <td>16Feb1999</td> </tr> <tr> <td colspan="3">DISCOUNT TERMS</td> </tr> <tr> <td colspan="3">PURCHASE ORDER NUMBER</td> </tr> <tr> <td colspan="3">DELIVERY REQUIREMENTS</td> </tr> <tr> <td colspan="3">ARE MORE THAN 7 DAYS REQUIRED TO INSPECT AND ACCEPT THE REQUESTED GOODS OR SERVICES YES ____ NO ____ IF YES, NUMBER OF DAYS REQUIRED</td> </tr> </table> </td> </tr> </tbody> </table>												ITEM	DESCRIPTION OF SUPPLY OR SERVICES	QUANTITY	UNIT	ESTIMATED		ACCOUNTING CLASSIFICATION AND AMOUNT	UNIT PRICE	TOTAL COST	0001	REPRO FOR DACA45-98-D-0004 #6 SAUGET [REDACTED] TIMOTHY GOUGER	0	LS	\$.00	\$200.00	SEE LINE ITEM BELOW \$200.00	DEL DATE SHIP TO DEL TO	16Feb1999 [REDACTED] TIMOTHY GOUGER				96252 2400 002DCL 402-293-2514	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TYPED NAME AND TITLE OF CERTIFYING OFFICER</td> <td>SIGNATURE</td> <td>DATE</td> </tr> <tr> <td>MAX MCCRIGHT STAFF ACCOUNTANT</td> <td>/S/MAX C MCCRIGHT</td> <td>16Feb1999</td> </tr> <tr> <td colspan="3">DISCOUNT TERMS</td> </tr> <tr> <td colspan="3">PURCHASE ORDER NUMBER</td> </tr> <tr> <td colspan="3">DELIVERY REQUIREMENTS</td> </tr> <tr> <td colspan="3">ARE MORE THAN 7 DAYS REQUIRED TO INSPECT AND ACCEPT THE REQUESTED GOODS OR SERVICES YES ____ NO ____ IF YES, NUMBER OF DAYS REQUIRED</td> </tr> </table>	TYPED NAME AND TITLE OF CERTIFYING OFFICER	SIGNATURE	DATE	MAX MCCRIGHT STAFF ACCOUNTANT	/S/MAX C MCCRIGHT	16Feb1999	DISCOUNT TERMS			PURCHASE ORDER NUMBER			DELIVERY REQUIREMENTS			ARE MORE THAN 7 DAYS REQUIRED TO INSPECT AND ACCEPT THE REQUESTED GOODS OR SERVICES YES ____ NO ____ IF YES, NUMBER OF DAYS REQUIRED		
ITEM	DESCRIPTION OF SUPPLY OR SERVICES	QUANTITY	UNIT	ESTIMATED		ACCOUNTING CLASSIFICATION AND AMOUNT																																														
				UNIT PRICE	TOTAL COST																																															
0001	REPRO FOR DACA45-98-D-0004 #6 SAUGET [REDACTED] TIMOTHY GOUGER	0	LS	\$.00	\$200.00	SEE LINE ITEM BELOW \$200.00																																														
DEL DATE SHIP TO DEL TO	16Feb1999 [REDACTED] TIMOTHY GOUGER				96252 2400 002DCL 402-293-2514	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TYPED NAME AND TITLE OF CERTIFYING OFFICER</td> <td>SIGNATURE</td> <td>DATE</td> </tr> <tr> <td>MAX MCCRIGHT STAFF ACCOUNTANT</td> <td>/S/MAX C MCCRIGHT</td> <td>16Feb1999</td> </tr> <tr> <td colspan="3">DISCOUNT TERMS</td> </tr> <tr> <td colspan="3">PURCHASE ORDER NUMBER</td> </tr> <tr> <td colspan="3">DELIVERY REQUIREMENTS</td> </tr> <tr> <td colspan="3">ARE MORE THAN 7 DAYS REQUIRED TO INSPECT AND ACCEPT THE REQUESTED GOODS OR SERVICES YES ____ NO ____ IF YES, NUMBER OF DAYS REQUIRED</td> </tr> </table>	TYPED NAME AND TITLE OF CERTIFYING OFFICER	SIGNATURE	DATE	MAX MCCRIGHT STAFF ACCOUNTANT	/S/MAX C MCCRIGHT	16Feb1999	DISCOUNT TERMS			PURCHASE ORDER NUMBER			DELIVERY REQUIREMENTS			ARE MORE THAN 7 DAYS REQUIRED TO INSPECT AND ACCEPT THE REQUESTED GOODS OR SERVICES YES ____ NO ____ IF YES, NUMBER OF DAYS REQUIRED																														
TYPED NAME AND TITLE OF CERTIFYING OFFICER	SIGNATURE	DATE																																																		
MAX MCCRIGHT STAFF ACCOUNTANT	/S/MAX C MCCRIGHT	16Feb1999																																																		
DISCOUNT TERMS																																																				
PURCHASE ORDER NUMBER																																																				
DELIVERY REQUIREMENTS																																																				
ARE MORE THAN 7 DAYS REQUIRED TO INSPECT AND ACCEPT THE REQUESTED GOODS OR SERVICES YES ____ NO ____ IF YES, NUMBER OF DAYS REQUIRED																																																				
THE FOREGOING ITEMS ARE REQUIRED NOT LATER THAN AS INDICATED ABOVE FOR THE FOLLOWING PURPOSE 000 REPRO SET UP IN THE AMOUNT OF \$100.00 PER TIM GOUGER, FT. CROOK (16FEB99)																																																				
TYPED NAME AND GRADE OF INITIATING OFFICER VELMA SANDERS				SIGNATURE /S/VELMA SANDERS				DATE 16Feb1999		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TYPED NAME AND GRADE OF APPROVING OFFICER OR DESIGNEE</td> <td>SIGNATURE</td> <td>DATE</td> </tr> <tr> <td>VELMA SANDERS PROGRAM ANALYST</td> <td>/S/VELMA SANDERS</td> <td>16Feb1999</td> </tr> </table>		TYPED NAME AND GRADE OF APPROVING OFFICER OR DESIGNEE	SIGNATURE	DATE	VELMA SANDERS PROGRAM ANALYST	/S/VELMA SANDERS	16Feb1999																																			
TYPED NAME AND GRADE OF APPROVING OFFICER OR DESIGNEE	SIGNATURE	DATE																																																		
VELMA SANDERS PROGRAM ANALYST	/S/VELMA SANDERS	16Feb1999																																																		
TELEPHONE NO. 402.221.4290																																																				
TYPED NAME AND GRADE OF SUPPLY OFFICER				SIGNATURE				DATE																																												

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED26

FOR TIMEKEEPER: 59

LABOR-COST FROM : 03/28/1999

LABOR-COST TO : 04/10/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
THOMASON P								80.50	Y

*** END OF REPORT - 27-DEC-2000 - 11:27 - SID G6CEPMP1 ***

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 11:27:24

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER: 74 SUPERVISOR: ED25

NAME: BERAN E

PLSA: E CUTOFF DATE IS: 04/10/1999

PAY PERIOD ENDING: 04/10/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	03/28	03/29	03/30	03/31	04/01	04/02	04/03	04/04	04/05	04/06	04/07	04/08	04/09	04/10	Total
L21275						4.00	2.00													6.00
L29941										2.00										2.00
L38740						4.00	6.00	8.00	8.00	6.00				8.00	8.00	8.00	8.00	8.00		72.00

*The above hours were ELECTRONICALLY SIGNED ON: 12-APR-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:	8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00		80.00
------------------	------	------	------	------	------	--	------	------	------	------	------	--	-------

REG=	80.00	HOL=	OVT=	ALV=	OLV=	NON=	SP-RATE-HRS=
------	-------	------	------	------	------	------	--------------

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 03/28/1999 LABOR-COST TO : 04/10/1999
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
BERAN E								80.00	Y

*** END OF REPORT - 27-DEC-2000 - 11:27 - SID G6CEFMP1 ***

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 11:23:02

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION

TIMEKEEPER: 59 SUPERVISOR: ED26

NAME: THOMASON P

FLSA: E CUTOFF DATE IS: 04/10/1999

PAY PERIOD ENDING: 04/10/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	03/28	03/29	03/30	03/31	04/01	04/02	04/03	04/04	04/05	04/06	04/07	04/08	04/09	04/10	Total
B02584							1.00			1.00										2.00
B04804																		3.00		3.00
L10445							4.25													4.25
L21275								6.00							2.00					8.00
L26143										3.00										3.00
L32246									8.00							1.00		3.75		12.75
L32424														2.00	1.00					3.00
L34691																	2.50			2.50
L37720														3.00	2.00					5.00
L38740										0.50										0.50
L38740										4.00				3.25			4.00			11.25
L38767																4.00				4.00
L40023							2.00	2.00												4.00
L40354														4.00						4.00
LEAVE							0.75			8.00				0.75	1.00		1.50	1.25		13.25

*The above hours were ELECTRONICALLY SIGNED ON: 12-APR-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

Employee Totals:						8.00	8.00	8.00	8.50	8.00				8.00	8.00	8.00	8.00	8.00		80.50
------------------	--	--	--	--	--	------	------	------	------	------	--	--	--	------	------	------	------	------	--	-------

REG=	67.25	HOL=		OVT=		ALV=	13.25	OLV=		NON=		SP-RATE-HRS=	
------	-------	------	--	------	--	------	-------	------	--	------	--	--------------	--

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL; AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED26

FOR TIMEKEEPER: 59

LABOR-COST FROM : 03/28/1999

LABOR-COST TO : 04/10/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
THOMASON P								80.50	Y

 *** END OF REPORT - 27-DEC-2000 - 11:28 - SID G6CEPMP1 ***

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 03/28/1999

LABOR-COST TO : 04/10/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
GOUGER T								80.00	Y

*** END OF REPORT - 27-DEC-2000 - 11:28 - SID G6CEFMP1 ***

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

PLSA: E CUTOFF DATE IS: 04/10/1999

PAY PERIOD ENDING: 04/10/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	03/28	03/29	03/30	03/31	04/01	04/02	04/03	04/04	04/05	04/06	04/07	04/08	04/09	04/10	Total
B00594							6.00	5.00	5.00	6.00	6.00			6.00	8.00	8.00	6.50	8.00		64.50
L35672							2.00	3.00	3.00	2.00	2.00			2.00						14.00
LEAVE																	1.50			1.50

*The above hours were ELECTRONICALLY SIGNED ON: 12-APR-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:						8.00	8.00	8.00	8.00	8.00				8.00	8.00	8.00	8.00	8.00		80.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	--	------	------	------	------	------	--	-------

REG= 78.50 HOL= OVT= ALV= OLV= NON= 1.50 SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 03/28/1999

LABOR-COST TO : 04/10/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
GOUGER T								80.00	Y

*** END OF REPORT - 27-DEC-2000 - 11:28 - SID G6CEPMP1 ***

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER: 74 SUPERVISOR: ED25

NAME: BERAN E

FLSA: E CUTOFF DATE IS: 04/24/1999

PAY PERIOD ENDING: 04/24/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	04/11	04/12	04/13	04/14	04/15	04/16	04/17	04/18	04/19	04/20	04/21	04/22	04/23	04/24	Total
L21275								4.00			4.00									8.00
L38740						8.00	4.00	8.00	8.00	4.00										32.00

*The above hours were ELECTRONICALLY SIGNED ON: 19-APR-1999

BY: WATSON, MICHAEL S JOB TITLE: CHEMIST

L21275										-2.00				2.00	2.00	6.00	4.00			12.00
L38740													8.00	6.00	4.00	2.00	4.00			24.00
LEAVE										2.00					2.00					4.00

*The above hours were ELECTRONICALLY SIGNED ON: 26-APR-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:						8.00	8.00	8.00	8.00	8.00				8.00	8.00	8.00	8.00	8.00		80.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	--	------	------	------	------	------	--	-------

REG=	76.00	HOL=	OVT=	ALV=	4.00	OLV=	NON=	SP-RATE-HRS=
------	-------	------	------	------	------	------	------	--------------

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED25

FOR TIMEKEEPER: 74

LABOR-COST FROM : 04/11/1999

LABOR-COST TO : 04/24/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
BERAN E								80.00	Y

*** END OF REPORT - 27-DEC-2000 - 11:29 - SID G6CEFP1 ***

NAME: BERAN E

PAY PERIOD ENDING: 04/24/1999

CODE	ITEM	TYP	CD	D	HZ	04/11	04/12	04/13	04/14	04/15	04/16	04/17	04/18	04/19	04/20	04/21	04/22	04/23	04/24	Total
------	------	-----	----	---	----	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------

L38740	8.00	4.00	8.00	8.00	4.00	32.00
--------	------	------	------	------	------	-------

*The above hours were ELECTRONICALLY SIGNED ON: 19-APR-1999

BY: WATSON, MICHAEL S JOB TITLE: CHEMIST

L21275		-2.00	2.00	2.00	6.00	4.00	12.00
--------	--	-------	------	------	------	------	-------

L38740		8.00	6.00	4.00	2.00	4.00	24.00
--------	--	------	------	------	------	------	-------

LEAVE	2.00	2.00	4.00
-------	------	------	------

*The above hours were ELECTRONICALLY SIGNED ON: 26-APR-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

[illegible]

REG= 76.00 HOL= OVT= ALV= 4.00 OLV= NON= SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 04/11/1999

LABOR-COST TO : 04/24/1999

EMPLOYEE COUNT = 1

EMPLOYEE REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL CERTIFIED
BERAN E [REDACTED] [REDACTED] 80.00 Y

*** END OF REPORT - 27-DEC-2000 - 11:29 - SID G6CEFMP1 ***

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION
TIMEKEEPER: 59 SUPERVISOR: ED26
NAME: THOMASON P

FLSA: E CUTOFF DATE IS: 04/24/1999

PAY PERIOD ENDING: 04/24/1999

CHARGE WORK HRS SH N EV
CODE ITEM TYP CD D HZ 04/11 04/12 04/13 04/14 04/15 04/16 04/17 04/18 04/19 04/20 04/21 04/22 04/23 04/24 Total

B02584						8.00										8.00
L21275										2.00						2.00
L32246										1.00						1.00
L34691							2.00									2.00
L37720										1.00						1.00
L38740							2.00	8.00		4.00						14.00
LEAVE						8.00										8.00
LEAVE							4.00									4.00

*The above hours were ELECTRONICALLY SIGNED ON: 19-APR-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

L21275											4.00		8.00			12.00
L25985											3.00					3.00
L36928										8.00						8.00
L38740											8.00	1.00	8.00			17.00

*The above hours were ELECTRONICALLY SIGNED ON: 26-APR-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

Employee Totals: 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 80.00

REG= 68.00 HOL= OVT= ALV= 8.00 OLV= NON= 4.00 SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL; AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED26

FOR TIMEKEEPER: 59

LABOR-COST FROM : 04/11/1999

LABOR-COST TO : 04/24/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL	LV	OTHER	LV	NON-PD	L	SP-RATE	TOTAL	CERTIFIED
THOMASON P											80.00	Y

*** END OF REPORT - 27-DEC-2000 - 11:29 - SID G6CEMP1 ***

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION

TIMEKEEPER: 59 SUPERVISOR: ED26

NAME:THOMASON P

FLSA: E CUTOFF DATE IS: 04/24/1999

PAY PERIOD ENDING: 04/24/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	04/11	04/12	04/13	04/14	04/15	04/16	04/17	04/18	04/19	04/20	04/21	04/22	04/23	04/24	Total
------	------	-----	----	---	----	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------

B02584										8.00										8.00
L21275											2.00									2.00
L32246											1.00									1.00
L34691								2.00												2.00
L37720											1.00									1.00
L38740								2.00	8.00		4.00									14.00
LEAVE						8.00														8.00
LEAVE								4.00												4.00

*The above hours were ELECTRONICALLY SIGNED ON: 19-APR-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

L21275															4.00		8.00			12.00
L25985															3.00					3.00
L36928														8.00						8.00
L38740														8.00	1.00	8.00				17.00

*The above hours were ELECTRONICALLY SIGNED ON: 26-APR-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

Employee Totals:						8.00	8.00	8.00	8.00	8.00				8.00	8.00	8.00	8.00	8.00		80.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	--	------	------	------	------	------	--	-------

REG=	68.00	HOL=		OVT=		ALV=	8.00	OLV=		NON=	4.00	SP-RATE-HRS=	
------	-------	------	--	------	--	------	------	------	--	------	------	--------------	--

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

 *** E N D O F R E P O R T - 27-DEC-2000 - 11:30 - SID G6CEFMPI ***

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 04/24/1999

PAY PERIOD ENDING: 04/24/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	04/11	04/12	04/13	04/14	04/15	04/16	04/17	04/18	04/19	04/20	04/21	04/22	04/23	04/24	Total
B00594							2.50	2.00	2.00					0.50	1.00	1.00	1.00			10.00
B00594							8.00	8.00	8.00	8.00	3.00							8.00		43.00
L35672														1.00	1.00	1.00	1.00			4.00
L39958														8.00	8.00	8.00	8.00			32.00
LEAVE											5.00									5.00

*The above hours were ELECTRONICALLY SIGNED ON: 26-APR-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:						10.50	10.00	10.00	8.00	8.00				9.50	10.00	10.00	10.00	8.00		94.00
------------------	--	--	--	--	--	-------	-------	-------	------	------	--	--	--	------	-------	-------	-------	------	--	-------

REG=	75.00	HOL=		OVT=	14.00	ALV=	5.00	OLV=		NON=		SP-RATE-HRS=	
------	-------	------	--	------	-------	------	------	------	--	------	--	--------------	--

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 04/11/1999 LABOR-COST TO : 04/24/1999
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
GOUGER T								94.00	Y

*** END OF REPORT - 27-DEC-2000 - 11:30 - SID G6CEFMP1 ***

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 11:29:50

ORGANIZATION TITLE: CONTRACT ADMINISTRATION BRANCH

TIMEKEEPER: 13 SUPERVISOR: CD06

NAME: SANDERS V

PLSA: E CUTOFF DATE IS: 04/24/1999

PAY PERIOD ENDING: 04/24/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	04/11	04/12	04/13	04/14	04/15	04/16	04/17	04/18	04/19	04/20	04/21	04/22	04/23	04/24	Total
B00556									1.00	7.00	8.00			3.00	7.00	8.00	8.00	7.50		49.50
B00557								4.50	5.50											10.00
B00558						8.00	2.00													10.00
L42453														5.00						5.00
LEAVE							1.50	1.50	1.00					1.00				0.50		5.50

*The above hours were ELECTRONICALLY SIGNED ON: 26-APR-1999

BY: OLSEN, JAMES L JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:						8.00	8.00	8.00	8.00	8.00				8.00	8.00	8.00	8.00	8.00		80.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	--	------	------	------	------	------	--	-------

REG=	74.50	HOL=		OVT=		ALV=	5.50	OLV=		NON=		SP-RATE-HRS=	
------	-------	------	--	------	--	------	------	------	--	------	--	--------------	--

FOR THESE WORK ITEMS:

002XZ5 SITE 1, SAUGET; CONSTR ORDERING NO.

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 11:29:50

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD06

FOR TIMEKEEPER: 13

LABOR-COST FROM : 04/11/1999

LABOR-COST TO : 04/24/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
SANDERS V								80.00	Y

*** END OF REPORT - 27-DEC-2000 - 11:29 - SID G6CEPMP1 ***

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER: 74 SUPERVISOR: ED25

NAME: BERAN E

PLSA: E CUTOFF DATE IS: 04/24/1999

PAY PERIOD ENDING: 04/24/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	04/11	04/12	04/13	04/14	04/15	04/16	04/17	04/18	04/19	04/20	04/21	04/22	04/23	04/24	Total
L21275								4.00			4.00									8.00
L38740						8.00	4.00	4.00	8.00	8.00	4.00									32.00

*The above hours were ELECTRONICALLY SIGNED ON: 19-APR-1999

BY: WATSON, MICHAEL S JOB TITLE: CHEMIST

L21275										-2.00				2.00	2.00	6.00	4.00			12.00
L38740													8.00	6.00	4.00	2.00	4.00			24.00
LEAVE										2.00						2.00				4.00

*The above hours were ELECTRONICALLY SIGNED ON: 26-APR-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:						8.00	8.00	8.00	8.00	8.00				8.00	8.00	8.00	8.00	8.00		80.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	--	------	------	------	------	------	--	-------

REG=	76.00	HOL=		OVT=		ALV=	4.00	OLV=		NON=		SP-RATE-HRS=	
------	-------	------	--	------	--	------	------	------	--	------	--	--------------	--

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED25

FOR TIMEKEEPER: 74

LABOR-COST FROM : 04/11/1999

LABOR-COST TO : 04/24/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
BERAN E								80.00	Y

*** END OF REPORT - 27-DEC-2000 - 11:30 - SID G6CEPMP1 ***

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER: 74 SUPERVISOR: ED25

NAME: BERAN E

FLSA: E CUTOFF DATE IS: 05/08/1999

PAY PERIOD ENDING: 05/08/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	04/25	04/26	04/27	04/28	04/29	04/30	05/01	05/02	05/03	05/04	05/05	05/06	05/07	05/08	Total
L21275						8.00	8.00	8.00	4.00											28.00
L27072											4.00									4.00
L38740									4.00	4.00										8.00

*The above hours were ELECTRONICALLY SIGNED ON: 30-APR-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

L21275												6.00				8.00	4.00			18.00
L27072												1.00	8.00	8.00						17.00
L38740												1.00					4.00			5.00

*The above hours were ELECTRONICALLY SIGNED ON: 10-MAY-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:						8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00	8.00			80.00
------------------	--	--	--	--	--	------	------	------	------	------	--	------	------	------	------	------	------	--	--	-------

REG= 80.00 HOL= OVT= ALV= OLV= NON= SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 04/25/1999 LABOR-COST TO : 05/08/1999
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
BERAN E								80.00	Y

*** END OF REPORT - 27-DEC-2000 - 11:31 - SID G6CEFMP1 ***

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 05/08/1999

PAY PERIOD ENDING: 05/08/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	04/25	04/26	04/27	04/28	04/29	04/30	05/01	05/02	05/03	05/04	05/05	05/06	05/07	05/08	Total

B00594						8.00			4.00											12.00
--------	--	--	--	--	--	------	--	--	------	--	--	--	--	--	--	--	--	--	--	-------

B00667											8.00									8.00
--------	--	--	--	--	--	--	--	--	--	--	------	--	--	--	--	--	--	--	--	------

L35672						8.00	8.00	4.00												20.00
--------	--	--	--	--	--	------	------	------	--	--	--	--	--	--	--	--	--	--	--	-------

*The above hours were ELECTRONICALLY SIGNED ON: 30-APR-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

B00594												6.00	6.00	6.00						18.00
--------	--	--	--	--	--	--	--	--	--	--	--	------	------	------	--	--	--	--	--	-------

L35672																1.00				1.00
--------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	------	--	--	--	------

L35672												2.00	2.00	2.00	8.00	8.00				22.00
--------	--	--	--	--	--	--	--	--	--	--	--	------	------	------	------	------	--	--	--	-------

*The above hours were ELECTRONICALLY SIGNED ON: 10-MAY-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:						8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	9.00	8.00				81.00
------------------	--	--	--	--	--	------	------	------	------	------	--	------	------	------	------	------	--	--	--	-------

REG=	80.00	HOL=	OVT=	1.00	ALV=	OLV=	NON=	SP-RATE-HRS=
------	-------	------	------	------	------	------	------	--------------

FOR THESE WORK ITEMS:

[REDACTED]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 04/25/1999

LABOR-COST TO : 05/08/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
GOUGER T								81.00	Y

 *** END OF REPORT - 27-DEC-2000 - 11:31 - SID G6CEFMP1 ***

CIC #: 99EPA SUPERFUND
BILLED DATE 01-APR-1999
CUSTOMER ORDER NUMBER DW96947840-0560
(DW96947840 - RAPID RESPONSE AT SAUGET AREA, IL IL980792006)

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

PAGE NO. 001

* ACCOUNTS OF *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *

D.O.VOUCHER NO. BU VOUCHER NO. BILL NO. PAID BY CHECK NO. COLLECTION VOU. NO.
28011930
PARTIAL # 6 01-MAR-1999 THRU 01-APR-1999

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER
MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

BILLING ACCOUNTING CLASSIFICATION

68 20 X 8145.0000 NA \$6,354.96 \$6,354.96

LINE ITEM MOA DESCRIPTION

000001 CONTRACT - OUTSIDE GOVERNMENT
000001 INHOUSE - LABOR
000001 INHOUSE - LABOR
000001 INHOUSE - LABOR
000001 INHOUSE - LABOR

SUBTOTAL

PARTIAL AMOUNT PAID \$6,354.96

PAYMENT DUE DATE 01-MAY-1999

PAY THIS AMOUNT \$.00

FUNDS AUTHORIZED: \$279,400.00
TOTAL BILLED AMOUNT: \$24,908.15
PREVIOUS BILLED AMOUNT: \$18,553.19
CURRENT BILLED AMOUNT: \$6,354.96
TOTAL FLUX BILLED: \$.00
PREVIOUS FLUX BILLED: \$.00
CURRENT FLUX BILLED: \$.00

DATE

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

TRANSACTION LISTING
OMAHA DISTRICTPage: 1
Date: 19-DEC-2001

CUSTOMER ORDER: DW96947840-0560

ACCOUNTING PERIOD: 03-1999

CONTRACT - OUTSIDE GOVERNMENT

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
09-MAR-1999	W59XQG90475641	902389G6	NA	[REDACTED]	1	TRANSPER		\$61.75
SUBTOTAL COST:								\$61.75

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor \$	G&A \$	Indirect \$	Total
01-MAR-1999	L21275	25-FEB-1999	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$1,271.82
09-MAR-1999	L21275	04-MAR-1999	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$553.39
09-MAR-1999	L21275	02-MAR-1999	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$260.90
15-MAR-1999	L21275	11-MAR-1999	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$130.43
15-MAR-1999	L35672	11-MAR-1999	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$229.41
22-MAR-1999	L21275	18-MAR-1999	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$402.77
26-MAR-1999	L21275	25-MAR-1999	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$854.35
26-MAR-1999	L21275	25-MAR-1999	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$142.39
29-MAR-1999	L21275	25-MAR-1999	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$537.01
29-MAR-1999	L35672	26-MAR-1999	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$1,736.54
29-MAR-1999	L21275	22-MAR-1999	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$174.20
SUBTOTAL CO						\$3,631.30	\$889.66	\$1,772.25	\$6,293.21
TOTAL COST:								\$6,354.96	

*** END OF REPORT - 19-DEC-2001 - 14:13 - SID G6CEFMP1 ***

TRAVEL VOUCHER OR SUBVOUCHER				TV NO: 1 AMEND NO: 0							
1. PAYMENT REQUIRED BY				2. TYPE OF PAYMENT				3. FOR DO USE ONLY			
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input checked="" type="checkbox"/> ELECTRONIC FUND TRANSFER				<input checked="" type="checkbox"/> TDY/TAD <input type="checkbox"/> PCS MEMBER / EMPLOYEE <input type="checkbox"/> OTHER <input type="checkbox"/> DEPENDENT(S) <input type="checkbox"/> DLA				a. DO VOUCHER NO. 0000129291			
4. NAME (Last, First, Middle Initial) THOMASON, PATTI J				5. GRADE 12		6. SSN Privacy Act Data		b. SUBVOUCHER NO.			
7. ADDRESS a. NUMBER AND STREET Privacy Act Information.				b. CITY Privacy Act Information.		c. STATE		d. ZIP CODE		c. PAID BY 8736 10Mar1999 USACE FINANCE CENTER	
8. TELEPHONE NUMBER 402-221-7690		9. TRAVEL ORDER NUMBER 902389G6 12Feb1999		10. PREVIOUS PAYMENTS/ADVANCES \$.00							
11. ORGANIZATION AND STATION INDUSTRIAL HYGIENE SECTIO											
12. DEPENDENT(S)				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS SEE ATTACHED (IF APPLICABLE)							
<input type="checkbox"/> ACCOMPANIED				<input type="checkbox"/> UNACCOMPANIED							
SEE ATTACHED (IF APPLICABLE)				14. HOUSEHOLD GOODS SHIPPED <input type="checkbox"/> YES <input type="checkbox"/> NO							
15. ITINERARY											
DATE	LOCAL TIME	PLACE		MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OF MEALS Gov't Ded		POC MILES		
1999											
02/17	DEP 0620	OMAHA / DOUGLAS NE NEBRASKA		TP							
02/17	ARR 0930	CHICAGO / COOK IL ILLINOIS			TD						
02/17	DEP 1945	CHICAGO / COOK IL ILLINOIS		TP							
02/17	ARR 2200	OMAHA / DOUGLAS NE NEBRASKA			MC						
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
16. REIMBURSABLE EXPENSES						17. LEAVE			e. SUMMARY OF PAYMENT		
DATE	b. NATURE OF EXPENSE			c. AMOUNT	b. ALLOWED	a. DAYS	b. HOURS				
17Feb1999	MILEAGE TO/FROM AIRPORT			\$ 16.25					(1) Per Diem \$34.50		
17Feb1999	MISCELLANEOUS - SPECIFY IN REMARKS			\$ 3.00					(2) Actual Expense		
17Feb1999	PARKING FEES - AIRPORT			\$ 8.00					(3) Mileage		
						c. TAKEN BETWEEN		(4) Dependent Travel			
						d. AND		(5) DLA			
								(6) Reimbursable Expense \$27.25			
								(7) Total \$61.75			
								(8) Less Advance			
								(9) Amount Owed			
								(10) Amount Due \$61.75			
18. POC TRAVEL:				OWNER/OPERATOR		X	PASSENGER		19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)		
20. Long distance telephone calls are certified as necessary in the interest of the government.						a. GTR/MTA NO.		b. FROM		c. TO	
APPROVING OFFICER (31 USC 1348(b))						7617565650		OMAHA / DOUGLAS NEB		CHICAGO / COOK ILLI	
21. a. CLAIMANT SIGNATURE				b. DATE		22. a. APPROVING OFFICER SIGNATURE /ELECTRONICALLY SIGNED BY/ CHERYL A DAVIS				b. DATE 05Mar1999	
23. ACCOUNTING CLASS											
100 % FUNDED											
24. COLLECTION DATA											
25. COMPUTED BY SHELIA DACQUISTO		26. AUDITED BY JUDITH MORGAN		27. TRVL ORD POSTED BY		28. RECEIVED (Payee signature and date or check no.) 116796 10Mar1999			29. AMOUNT PAID \$61.75		

to Skip Doxzon
3/8/99

TRAVEL VOUCHER OR SUBVOUCHER				TV NO: 1 AMEND NO: 0			
1. PAYMENT REQUIRED BY		2. TYPE OF PAYMENT				3. FOR DO USE ONLY	
<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK	<input checked="" type="checkbox"/> TDY/TAD	<input type="checkbox"/> PCS MEMBER / EMPLOYEE	<input type="checkbox"/> DEPENDENT(S)	<input type="checkbox"/> DLA	a. DO VOUCHER NO.	
<input type="checkbox"/> ELECTRONIC FUND TRANSFER		<input type="checkbox"/> OTHER				b. SUBVOUCHER NO.	
4. NAME (Last, First, Middle Initial) THOMASON, PATTI J			5. GRADE 12	6. SSN Privacy Act Data		c. PAID BY	
7. ADDRESS a. NUMBER AND STREET Privacy Act Information.		b. CITY Privacy Act Information.		c. STATE	d. ZIP CODE		
8. TELEPHONE NUMBER 402-221-7690		9. TRAVEL ORDER NUMBER 90238966 12Feb1999		10. PREVIOUS PAYMENTS/ADVANCES \$.00			
11. ORGANIZATION AND STATION INDUSTRIAL HYGIENE SECTIO							
12. DEPENDENT(S)				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS SEE ATTACHED (IF APPLICABLE)			
<input type="checkbox"/> ACCOMPANIED		<input type="checkbox"/> UNACCOMPANIED					
SEE ATTACHED (IF APPLICABLE)				14. HOUSEHOLD GOODS SHIPPED			
				<input type="checkbox"/> YES <input type="checkbox"/> NO			
15. ITINERARY							
DATE 1999	LOCAL TIME	PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OF MEALS Gov't Ded	POC MILES
02/17	DEP 0620	OMAHA / DOUGLAS NE NEBRASKA	TP				
02/17	ARR 0930	CHICAGO / COOK IL ILLINOIS	TP	TD			
02/17	DEP 1945	CHICAGO / COOK IL ILLINOIS	TP	MC			
02/17	ARR 2200	OMAHA / DOUGLAS NE NEBRASKA					
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
16. REIMBURSABLE EXPENSES					17. LEAVE		
DATE	b. NATURE OF EXPENSE	c. AMOUNT	b. ALLOWED	a. DAYS	b. HOURS		
17Feb1999	MILEAGE TO/FROM AIRPORT	\$ 16.25					
17Feb1999	MISCELLANEOUS - SPECIFY IN REMARKS	\$ 3.00					
17Feb1999	PARKING FEES - AIRPORT	\$ 8.00					
				c. TAKEN BETWEEN			
				d. AND			
18. POC TRAVEL:				19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)			
<input type="checkbox"/> OWNER/OPERATOR		<input checked="" type="checkbox"/> PASSENGER		a. GTR/MTA NO.		b. FROM	c. TO
20. Long distance telephone calls are certified as necessary in the interest of the government. APPROVING OFFICER (31 USC 1348(b))				7617565650		OMAHA / DOUGLAS NEB	CHICAGO / COOK ILLI
21. a. CLAIMANT SIGNATURE <i>Patti Thomason</i>			b. DATE 3-2-99	22. a. APPROVING OFFICER SIGNATURE <i>Cheryl A Davis</i>			b. DATE 3/5/99
23. ACCOUNTING CLASS							100 % FUNDED
24. COLLECTION DATA							
25. COMPUTED BY	26. AUDITED BY	27. TRVL ORD POSTED BY	28. RECEIVED (Payee signature and date or check no.)			29. AMOUNT PAID	

SALES PERSON: 41
 ORDER NBR: 555181

ITINERARY/INVOICE NO. 5513819
 DUPLICATE QHNXXZ

DATE: 16 FEB 95
 PAGE: 01

TO: PICKUP 16FEB 95

MAIL REFUNDS W/ORDERS TO-
 CARLSON WAGONLIT TRAVEL
 COE/OMAHA
 215 N 17TH STREET
 ROOM 196B
 OMAHA NE 68102

OR: THOMASON/PATTI

REF: RTAGRD,096252,COEOMA

17 FEB 99 - WEDNESDAY

AIR	UNITED AIRLINES	FLT:1848	COACH	
	LV OMAHA		805A	EOP: BOEING 757
				01HR 21MIN
	AR CHICAGO OHARE		926A	NON-STOP
	ARRIVE: TERMINAL 1			REF: MZ70C4
	THOMASON/PATTI	SEAT-32C		

OTHER SEAT
 SEATING RESTRICTED TO AIRPORT CHECK-IN ONLY.

AIR	UNITED AIRLINES	FLT:775	COACH	
	LV CHICAGO OHARE		745P	EOP: BOEING 757
	DEPART: TERMINAL 1			01HR 26MIN
	AR OMAHA		911P	NON-STOP
				REF: MZ70C4

OTHER SEAT
 SEATING RESTRICTED TO AIRPORT CHECK-IN ONLY.

18 MAY 99 - TUESDAY

OTHER INFORMATION
 THANK YOU FOR CALLING CARLSON WAGONLIT TRAVEL

AIR TICKET	UA7617565650	THOMASON PATTI	
		BILLED TO	271.00*
		SUB TOTAL	271.00
		NET CC BILLING	271.00*
		TOTAL AMOUNT DUE	0.00

CONTINUED ON PAGE 2

ITINERARY

SALES PERSON: 41
CUSTOMER NBR: 555101

ITINERARY/INVOICE NO. 0013019
DUPLICATE 0NNZXZ

DATE: 16 FEB 99
PAGE: 02

TO: PICKUP 16FEB .

MAIL REFUNDS W/ORDERS TO-
CARLSON WAGONLIT TRAVEL
COE/OMAHA
215 N 17TH STREET
ROOM 106B
OMAHA NE 68102

FOR THOMASON/PATTI

REF: PTAORD,096252,COEOMA

----- INFORMATION FOR ARMY TRAVELERS -----
IF YOU NEED TO CONTACT THE ARMY MILITARY LODGING
RESERVATION CENTER DIRECT, THE PHONE NUMBER IS
1-800-50 ARMY 1 OR 600-462-7691. --LODGING ONLY--
X
EMERGENCY CWT SERVICE WHILE TRAVELING CALL 800-288-5999
TICKET RECEIVED
CLIENT SIGNATURE.....
YOUR PERSONAL ID CODE IS S10L4/CTO
THANK YOU FOR BOOKING WITH CARLSON WAGONLIT TRAVEL
FOR EMERGENCIES DURING BUSINESS HOURS,
PLEASE CALL 1-800-945-0535
FARE-A41 YCA
CAR DECLINED/41/11FEB
LODGING DECLINED/41/11FEB

0/626 CONTRACT CARRIER USED FOR ENTIRE TRIP
03-COEOMA,X
05-96X3122, ,
04- ,
07-16FEB99 000000090238906
06-000000000

98 328 707
PASSENGER TICKET AND BAGGAGE CHECK
 SUBJECT TO CONDITIONS OF CONTRACT
 NOT TRANSFERABLE

FORM 1840002-1000000

PASSENGER RECEIPT

555.1 0013210 A41

BOARDING PASS

ARC FLIGHT COUPON
 ISSUED BY: [REDACTED]
 NAME OF ISSUING AGENT: [REDACTED]
 NAME OF PASSENGER: [REDACTED]
 X/O FROM: [REDACTED]
 X/O TO: [REDACTED]
 ENDORSEMENTS/RESTRICTIONS: [REDACTED]
 TOUR CODE: [REDACTED]
 PLACE OF ISSUE: [REDACTED]
 DATE OF ISSUE: [REDACTED]
 PNR/CARRIER CODE: [REDACTED]
 FARE BASIS/TICKET DESIGNATOR: [REDACTED]
 STATUS: [REDACTED]
 NOT VALID BEFORE: [REDACTED]
 NOT VALID AFTER: [REDACTED]
 ISSUING AGENT ID: [REDACTED]

NAME OF PASSENGER: THOMASON/PATII
 OMA
 FROM: OORD UA1840 Y 17FEBYCA
 TO: OMA UA775 Y 17FEBYCA

[REDACTED] 059427 /FCOMA UA CH11
 22.22 UA OMA122.22YCA 244.44 END ZPOMA2ORD2 XORD3

FARE: [REDACTED] EQUIV. FARE PD.
 TAX: [REDACTED] STOCK CONTROL NO. TX 000 CK
 TAX: [REDACTED]
 TOTAL: [REDACTED] 39800384551
 [REDACTED] 0 016 7617565650 3

CARRIER: [REDACTED]
 CARRIER: [REDACTED]
 DATE: [REDACTED] SEAT: [REDACTED] SMOKE: [REDACTED]

 NOT VALID FOR TRAVEL
 0 016 7617565650 3
 A428426120

THIS IS A RECEIPT FOR THE ISSUANCE OF A BOARDING PASS. IT IS NOT VALID FOR TRAVEL. IT IS THE RESPONSIBILITY OF THE PASSENGER TO PRESENT THIS RECEIPT TO THE AIRLINE AT THE TIME OF CHECK-IN.

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as indicated in items 2 through 21						1. DATE OF REQUEST 19-JUL-1999	
REQUEST FOR OFFICIAL TRAVEL							
2. NAME (Last, First, Middle Initial) SSN THOMASON, PATTI J				3. POSITION TITLE AND GRADE OR RATING INDUSTRIAL HYGIENIST GS12			
4. OFFICIAL STATION INDUSTRIAL HYGIENE SECTION OMAHA, NE				5. ORGANIZATIONAL ELEMENT CENWO-ED-GI		6. PHONE NO. 402-221-7690	
7. TYPE OF ORDERS TEMPORARY DUTY		8. SECURITY CLEARANCE		9. PURPOSE OF TDY ATTEND MEETING WITH EPA REGION V RPM AND PRP TO DI SCUSS SAUGET SF SITE PLANS FOR RI/FS AND EE/CA. CATEGORY INFORMATION MEETING			
10a. APPROX NO. DAYS OF TDY (Including travel time) 1		b. PROCEED O/A (DATE) 17-FEB-1999					
11. ITINERARY <input checked="" type="checkbox"/> VARIATION AUTHORIZED LEG: 1 OF 1 AMENDMENT NUMBER: 1 FROM: OMAHA / DOUGLAS NEBRASKA PROCEED ON 17-FEB-1999 AT 620 HRS TO : CHICAGO / COOK ILLINOIS DEPART ON 17-FEB-1999 AT 2200 HRS							
12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE							
COMMERCIAL				GOVERNMENT		PRIVATELY OWNED CONVEYANCE (Check one)	
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: 0.0000
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)						More advantageous to government	
						Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.	
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)							
14. ESTIMATED COST						15. ADVANCE AUTHORIZED	
PER DIEM \$46.00		TRAVEL \$268.43		OTHER \$40.00		TOTAL \$354.43	
16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) See Attached For Additional Remarks							
TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.							
17. REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ DARLENE E SKINNER TRANSPORTATION ASSISTANT 19-JUL-1999				18. APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ DARLENE E SKINNER TRANSPORTATION ASSISTANT 19-JUL-1999			
AUTHORIZATION							
19. ACCOUNTING CITATION <div style="background-color: black; width: 400px; height: 20px; margin-bottom: 5px;"></div> <div style="float: right;">100%</div>							
20. ORDER AUTHORIZING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ DARLENE E SKINNER LOGISTICS MANAGEMENT OFFICE 9501 JOHN J. PERSHING DR. OMAHA, NE 68112						21. DATE ISSUED 19-JUL-1999	
						22. TRAVEL ORDER NUMBER 902389G6	

U.S. ARMY CORPS OF ENGINEERS
REQUEST FOR OFFICIAL TRAVEL

DATE ISSUED
19-JUL-1999

NAME (Last, First)
THOMASON, PATTI J

TRAVEL ORDER NUMBER
902389G6

16. REMARKS

USE OF TAXIS IN THE AREA OF THE TDY LOCATION APPROVED AS MORE ADVANTAGEOUS TO THE GOVERNMENT.
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TICKET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
LONG DISTANCE PHONE CALLS/FAX ARE APPROVED FOR OFFICIAL GOVERNMENT BUSINESS
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVERNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as indicated in items 2 through 21						1. DATE OF REQUEST 12-FEB-1999	
REQUEST FOR OFFICIAL TRAVEL							
2.NAME (Last,First,Middle Initial) SSN THOMASON, PATTI J				3.POSITION TITLE AND GRADE OR RATING INDUSTRIAL HYGIENIST GS12			
4.OFFICIAL STATION INDUSTRIAL HYGIENE SECTION OMAHA, NE				5.ORGANIZATIONAL ELEMENT CENWO-ED-GI		6.PHONE NO. 402-221-7690	
7.TYPE OF ORDERS TEMPORARY DUTY		8.SECURITY CLEARANCE		9.PURPOSE OF TDY ATTEND MEETING WITH EPA REGION V RPM AND PRP TO DI SCUSS SAUGET SF SITE PLANS FOR RI/FS AND EE/CA.			
10a.APPROX NO. DAYS OF TDY (Including travel time) 1		b.PROCEED O/A (DATE) 17-FEB-1999		CATEGORY INFORMATION MEETING			
11.ITINERARY <input checked="" type="checkbox"/> VARIATION AUTHORIZED LEG: 1 OF 1 AMENDMENT NUMBER: 0 FROM: OMAHA / DOUGLAS NEBRASKA PROCEED ON 17-FEB-1999 AT 620 HRS TO : CHICAGO / COOK ILLINOIS DEPART ON 17-FEB-1999 AT 2200 HRS							
12.MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE							
COMMERCIAL				GOVERNMENT		PRIVATELY OWNED CONVEYANCE (Check one)	
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: 0.0000
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)						<input type="checkbox"/> More advantageous to government <input type="checkbox"/> Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.	
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)							
14.ESTIMATED COST						15.ADVANCE AUTHORIZED	
PER DIEM \$46.00		TRAVEL \$271.00		OTHER \$40.00		TOTAL \$357.00	
16.REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) See Attached For Additional Remarks TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.							
17.REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ CHERYL A DAVIS NER SUPERVISORY INDUSTRIAL HYGIENI 12-FEB-1999				18.APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JOHN W MONZINGO ER SUPERVISORY CIVIL ENGINEER 16-FEB-1999			
AUTHORIZATION							
19.ACCOUNTING CITATION <div style="background-color: black; width: 400px; height: 20px; margin-bottom: 5px;"></div> <div style="float: right;">100%</div>							
20.ORDER AUTHORIZING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ MARILYN B MIKULA LOGISTICS MANAGEMENT OFFICE 9501 JOHN J. PERSHING DR. OMAHA, NE68112						OR AUTHENTICATION TRANSPORTATION ASSISTANT (FLBE)	
						21.DATE ISSUED 16-FEB-1999	
						22.TRAVEL ORDER NUMBER 902389G6	

U.S. ARMY CORPS OF ENGINEERS
REQUEST FOR OFFICIAL TRAVEL

DATE ISSUED
12-FEB-1999

NAME (Last, First)
THOMASON, PATTI J

TRAVEL ORDER NUMBER
902389G6

16.REMARKS
USE OF TAXIS IN THE AREA OF THE TDY LOCATION APPROVED AS MORE ADVANTAGEOUS TO THE GOVERNMENT.
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TICKET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
LONG DISTANCE PHONE CALLS/FAX ARE APPROVED FOR OFFICIAL GOVERNMENT BUSINESS
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVERNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

Action Edit Block Field Record Query ESIQ Help

Assigned Check No: 116796

Check No Trace: 1800036761

Replacement No:

Pmt Method: EFT

DSSN: 8736

Ea?: ☐

Type: TRV SETLMT

FOA Code: G6

Check Date: 10-MAR-1999

Reference No: 902389G6

Amount: 61.75

Currency: US

Status: PRINTED

FC Amount:

Payee: PATTI J THOMASON

Certified By: AUTRY, SHIRLEY LE

Date Signed: 10-MAR-1999

Initial Signature: 18C5415789E7B50136E

Disbursing Officer's Signature: 36E6A236

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Press F2 to enter a query.

Record: 3/3

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION

TIMEKEEPER: 59 SUPERVISOR: ED26

NAME: THOMASON P

FLSA: E CUTOFF DATE IS: 02/27/1999

PAY PERIOD ENDING: 02/27/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	02/14	02/15	02/16	02/17	02/18	02/19	02/20	02/21	02/22	02/23	02/24	02/25	02/26	02/27	Total
B02584														1.00	1.00					2.00
B04425														4.00	1.25					5.25
L21275									8.00							3.50	8.00			19.50
L34691														1.00						1.00
L35734								4.00												4.00
L35735								4.00		3.25										7.25
L36885															3.00	4.00		8.00		15.00
L37720															2.00					2.00
LEAVE														2.00		0.50				2.50
LEAVE							8.00													8.00
LEAVE															0.75					0.75
LEAVE										4.75	8.00									12.75

*The above hours were ELECTRONICALLY SIGNED ON: 01-MAR-1999

BY: MONZINGO, JOHN W JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:						8.00	8.00	8.00	8.00	8.00				8.00	8.00	8.00	8.00	8.00		80.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	--	------	------	------	------	------	--	-------

REG=	56.00	HOL=		OVT=		ALV=	2.50	OLV=		NON=	21.50	SP-RATE-HRS=	
------	-------	------	--	------	--	------	------	------	--	------	-------	--------------	--

FOR THESE WORK ITEMS:

002HJ5
0031QH
002DCM SITE 1, SAUGET AREA, IL; AKA DEAD CREEK SITE
002WJC
0030F5
0030F6
002W2D
002CVZ

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED26
FOR TIMEKEEPER: 59

LABOR-COST FROM : 02/14/1999

LABOR-COST TO : 02/27/1999

EMPLOYEE COUNT = 1

EMPLOYEE REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL CERTIFIED
THOMASON P [REDACTED] [REDACTED] [REDACTED] 80.00 Y

*** END OF REPORT - 27-DEC-2000 - 11:08 - SID G6CEPMP1 ***

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER: 74 SUPERVISOR: ED25

NAME: BERAN E

FLSA: E CUTOFF DATE IS: 03/13/1999

PAY PERIOD ENDING: 03/13/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 02/28 03/01 03/02 03/03 03/04 03/05 03/06 03/07 03/08 03/09 03/10 03/11 03/12 03/13 Total

L11880						7.00	4.00	8.00		4.00						23.00
L21275									8.00							8.00
L29941							4.00			4.00						8.00
LEAVE						1.00										1.00

*The above hours were ELECTRONICALLY SIGNED ON: 09-MAR-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

B03822											8.00	4.00				12.00
L29941									8.00	8.00	8.00		4.00			28.00

*The above hours were ELECTRONICALLY SIGNED ON: 15-MAR-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:						8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	80.00
------------------	--	--	--	--	--	------	------	------	------	------	--	------	------	------	------	-------

REG= 79.00 HOL= OVT= ALV= OLV= NON= 1.00 SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL; AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 02/28/1999

LABOR-COST TO : 03/13/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
BERAN E								80.00	Y

*** END OF REPORT - 27-DEC-2000 - 11:08 - SID G6CEPMP1 ***

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION

TIMEKEEPER: 59 SUPERVISOR: ED26

NAME: THOMASON P

FLSA: E CUTOFF DATE IS: 03/13/1999

PAY PERIOD ENDING: 03/13/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	02/28	03/01	03/02	03/03	03/04	03/05	03/06	03/07	03/08	03/09	03/10	03/11	03/12	03/13	Total
L10873											2.00									2.00
L18109											2.00									2.00
L21275						3.00		1.00												4.00
L29941								1.00	3.00											4.00
L35733						3.00														3.00
L35734								5.00												5.00
L36885						1.00	1.00	1.00												3.00
L37720									3.75	8.00										11.75
LEAVE						1.00														1.00
LEAVE									4.25											4.25

*The above hours were ELECTRONICALLY SIGNED ON: 09-MAR-1999

BY: MONZINGO, JOHN W JOB TITLE: SUPERVISORY CIVIL ENGINEER

B02584											1.00									1.00
L21275														2.00						2.00
L31526											5.00									5.00
L33762														2.00						2.00
L37720									2.00	6.00	4.00									12.00
L38767											2.00									2.00
L38798															8.00					8.00
LEAVE									8.00											8.00

*The above hours were ELECTRONICALLY SIGNED ON: 15-MAR-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

Employee Totals:	8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	80.00
------------------	------	------	------	------	------	--	------	------	------	------	------	------	------	------	------	-------

REG=	66.75	HOL=	OVT=	ALV=	9.00	OLV=	NON=	4.25	SP-RATE-HRS=
------	-------	------	------	------	------	------	------	------	--------------

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL; AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED26
FOR TIMEKEEPER: 59

LABOR-COST FROM : 02/28/1999

LABOR-COST TO : 03/13/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
THOMASON P								80.00	Y

*** END OF REPORT - 27-DEC-2000 - 11:09 - SID G6CEPMP1 ***

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION

TIMEKEEPER: 59 SUPERVISOR: ED26

NAME: THOMASON P

FLSA: E CUTOFF DATE IS: 03/13/1999

PAY PERIOD ENDING: 03/13/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	02/28	03/01	03/02	03/03	03/04	03/05	03/06	03/07	03/08	03/09	03/10	03/11	03/12	03/13	Total
L10873									2.00											2.00
L18109									2.00											2.00
L21275							3.00	1.00												4.00
L29941								1.00	3.00											4.00
L35733							3.00													3.00
L35734								5.00												5.00
L36885							1.00	1.00	1.00											3.00
L37720										3.75	8.00									11.75
LEAVE							1.00													1.00
LEAVE									4.25											4.25

*The above hours were ELECTRONICALLY SIGNED ON: 09-MAR-1999

BY: MONZINGO, JOHN W JOB TITLE: SUPERVISORY CIVIL ENGINEER

B02584												1.00								1.00
L21275															2.00					2.00
L31526														5.00						5.00
L33762																2.00				2.00
L37720												2.00	6.00	4.00						12.00
L38767														2.00						2.00
L38798																	8.00			8.00
LEAVE												8.00								8.00

*The above hours were ELECTRONICALLY SIGNED ON: 15-MAR-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

Employee Totals:	8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	80.00
------------------	------	------	------	------	------	--	------	------	------	------	------	------	------	------	------	-------

REG=	66.75	HOL=	OVT=	ALV=	9.00	OLV=	NON=	4.25	SP-RATE-HRS=
------	-------	------	------	------	------	------	------	------	--------------

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED26

FOR TIMEKEEPER: 59

LABOR-COST FROM : 02/28/1999

LABOR-COST TO : 03/13/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
THOMASON P								80.00	Y

 *** END OF REPORT - 27-DEC-2000 - 11:10 - SID G6CEPMP1 ***

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 03/13/1999

PAY PERIOD ENDING: 03/13/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	02/28	03/01	03/02	03/03	03/04	03/05	03/06	03/07	03/08	03/09	03/10	03/11	03/12	03/13	Total
B00594						8.00			8.00	8.00				8.00						32.00
B00667															8.00	8.00	8.00			24.00
L35672															2.50	3.00				5.50
LEAVE													8.00							8.00
LEAVE							8.00	8.00												16.00

*The above hours were ELECTRONICALLY SIGNED ON: 15-MAR-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:	8.00	8.00	8.00	8.00	8.00		8.00	8.00	10.50	11.00	8.00	85.50
------------------	------	------	------	------	------	--	------	------	-------	-------	------	-------

REG=	56.00	HOL=	OVT=	5.50	ALV=	OLV=	NON=	24.00	SP-RATE-HRS=
------	-------	------	------	------	------	------	------	-------	--------------

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 11:09:43

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 02/28/1999

LABOR-COST TO : 03/13/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
GOUGER T								85.50	Y

*** END OF REPORT - 27-DEC-2000 - 11:09 - SID G6CEFMP1 ***

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION

TIMEKEEPER: 59 SUPERVISOR: ED26

NAME: THOMASON P

FLSA: E CUTOFF DATE IS: 03/27/1999

PAY PERIOD ENDING: 03/27/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	03/14	03/15	03/16	03/17	03/18	03/19	03/20	03/21	03/22	03/23	03/24	03/25	03/26	03/27	Total
L21275								1.00	2.00	3.00										6.00
L26143												4.00								4.00
L30947									3.50	2.50										6.00
L33120										2.50	2.50									5.00
L37720								5.00												5.00
L38767									2.00		1.50									3.50
L38798						7.75	2.00													9.75
LEAVE						0.25		0.50												0.75

*The above hours were ELECTRONICALLY SIGNED ON: 22-MAR-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

B02584												1.00								1.00
L11880													7.00	3.00						10.00
L21275														2.00	6.00					8.00
L32246														3.00						3.00
L32424																	4.00			4.00
L38740												6.00								6.00
L39827															2.00					2.00
L40023																	4.00			4.00
LEAVE												1.00	1.00							2.00

*The above hours were ELECTRONICALLY SIGNED ON: 29-MAR-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

Employee Totals:	8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	80.00
------------------	------	------	------	------	------	--	------	------	------	------	------	------	------	------	------	------	------	------	------	-------

REG=	77.25	HOL=	OVT=	ALV=	2.75	OLV=	NON=	SP-RATE-HRS=
------	-------	------	------	------	------	------	------	--------------

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE



LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED26

FOR TIMEKEEPER: 59

LABOR-COST FROM : 03/14/1999

LABOR-COST TO : 03/27/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
THOMASON P								80.00	Y

 *** END OF REPORT - 27-DEC-2000 - 11:10 - SID G6CEPMP1 ***

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER: 74 SUPERVISOR: ED25

NAME: BERAN E

FLSA: E CUTOFF DATE IS: 03/27/1999

PAY PERIOD ENDING: 03/27/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	03/14	03/15	03/16	03/17	03/18	03/19	03/20	03/21	03/22	03/23	03/24	03/25	03/26	03/27	Total
------	------	-----	----	---	----	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------

L29941										4.00	8.00									12.00
--------	--	--	--	--	--	--	--	--	--	------	------	--	--	--	--	--	--	--	--	-------

L38740						8.00	8.00	8.00	4.00											28.00
--------	--	--	--	--	--	------	------	------	------	--	--	--	--	--	--	--	--	--	--	-------

*The above hours were ELECTRONICALLY SIGNED ON: 19-MAR-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

L11880															8.00					8.00
--------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	------	--	--	--	--	------

L21275																	2.00			2.00
--------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	------	--	--	------

L21275													8.00				4.00			12.00
--------	--	--	--	--	--	--	--	--	--	--	--	--	------	--	--	--	------	--	--	-------

L38740												8.00					4.00			12.00
--------	--	--	--	--	--	--	--	--	--	--	--	------	--	--	--	--	------	--	--	-------

LEAVE																		8.00		8.00
-------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	------	--	------

*The above hours were ELECTRONICALLY SIGNED ON: 26-MAR-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:						8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	10.00	8.00			82.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	------	------	------	-------	------	--	--	-------

REG=	74.00	HOL=		OVT=		ALV=	8.00	OLV=		NON=		SP-RATE-HRS=	
------	-------	------	--	------	--	------	------	------	--	------	--	--------------	--

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 11:10:47

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED25

FOR TIMEKEEPER: 74

LABOR-COST FROM : 03/14/1999

LABOR-COST TO : 03/27/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
BERAN E								82.00	Y

*** END OF REPORT - 27-DEC-2000 - 11:10 - SID G6CEPMP1 ***

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER: 74 SUPERVISOR: ED25

NAME: BERAN E

FLSA: E CUTOFF DATE IS: 03/27/1999

PAY PERIOD ENDING: 03/27/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	03/14	03/15	03/16	03/17	03/18	03/19	03/20	03/21	03/22	03/23	03/24	03/25	03/26	03/27	Total
L29941										4.00	8.00									12.00
L38740							8.00	8.00	8.00	4.00										28.00

*The above hours were ELECTRONICALLY SIGNED ON: 19-MAR-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

L11880															8.00					8.00
L21275																	2.00			2.00
L21275														8.00			4.00			12.00
L38740												8.00					4.00			12.00
LEAVE																		8.00		8.00

*The above hours were ELECTRONICALLY SIGNED ON: 26-MAR-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:						8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	10.00	8.00			82.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	------	------	------	-------	------	--	--	-------

REG=	74.00	HOL=		OVT=		ALV=	8.00	OLV=		NON=		SP-RATE-HRS=	
------	-------	------	--	------	--	------	------	------	--	------	--	--------------	--

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 03/14/1999

LABOR-COST TO : 03/27/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
BERAN E								82.00	Y

*** END OF REPORT - 27-DEC-2000 - 11:11 - SID G6CEFMP1 ***

NAME: THOMASON P

PAY PERIOD ENDING: 03/27/1999

CODE	ITEM	TYP	CD	D	HZ	03/14	03/15	03/16	03/17	03/18	03/19	03/20	03/21	03/22	03/23	03/24	03/25	03/26	03/27	Total
------	------	-----	----	---	----	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------

*The above hours were ELECTRONICALLY SIGNED ON: 22-MAR-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

*The above hours were ELECTRONICALLY SIGNED ON: 29-MAR-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

REG= 77.25 HOL= OVT= ALV= 2.75 OLV= NON= SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED26
FOR TIMEKEEPER: 59

LABOR-COST FROM : 03/14/1999 LABOR-COST TO : 03/27/1999
EMPLOYEE COUNT = 1

EMPLOYEE REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL CERTIFIED
THOMASON P [REDACTED] [REDACTED] 80.00 Y

*** END OF REPORT - 27-DEC-2000 - 11:12 - SID G6CEFMP1 ***

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 03/27/1999

PAY PERIOD ENDING: 03/27/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	03/14	03/15	03/16	03/17	03/18	03/19	03/20	03/21	03/22	03/23	03/24	03/25	03/26	03/27	Total
B00594																	2.00			2.00
B00594						8.00	8.00	6.00		4.00			8.00	8.00	5.00			5.00		52.00
L35672								2.00	8.00	4.00					3.00	8.00	3.00			28.00

*The above hours were ELECTRONICALLY SIGNED ON: 29-MAR-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:						8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	10.00	8.00			82.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	------	------	------	-------	------	--	--	-------

REG=	80.00	HOL=		OVT=	2.00	ALV=		OLV=		NON=		SP-RATE-HRS=	
------	-------	------	--	------	------	------	--	------	--	------	--	--------------	--

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 03/14/1999

LABOR-COST TO : 03/27/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL	LV	OTHER	LV	NON-PD	L	SP-RATE	TOTAL	CERTIFIED
GOUGER T											82.00	Y

*** END OF REPORT - 27-DEC-2000 - 11:11 - SID G6CEFMP1 ***

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION

TIMEKEEPER: 59 SUPERVISOR: ED05

NAME:DAVIS C

FLSA: E CUTOFF DATE IS: 03/27/1999

PAY PERIOD ENDING: 03/27/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	03/14	03/15	03/16	03/17	03/18	03/19	03/20	03/21	03/22	03/23	03/24	03/25	03/26	03/27	Total
------	------	-----	----	---	----	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------

B02584							6.00			4.00	8.00									18.00
B03822									4.00	4.00										8.00
L15253								2.00												2.00
L26596									2.00											2.00
L26606								6.00												6.00
L26797							2.00													2.00
L30409									2.00											2.00

*The above hours were ELECTRONICALLY SIGNED ON: 22-MAR-1999

BY: MONZINGO, JOHN W JOB TITLE: SUPERVISORY CIVIL ENGINEER

B02584												4.00	4.00	2.00	2.00	4.00				16.00
L21275												2.00								2.00
L26606															5.00					5.00
L26631																4.00				4.00
L28238													2.00							2.00
L28356																	2.00			2.00
L31782													2.00							2.00
L32330																	2.00			2.00
L34777															1.00					1.00
L35492																	2.00			2.00
L39011												2.00								2.00

*The above hours were ELECTRONICALLY SIGNED ON: 29-MAR-1999

BY: MONZINGO, JOHN W JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:							8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00			80.00
------------------	--	--	--	--	--	--	------	------	------	------	------	--	------	------	------	------	------	--	--	-------

REG=	80.00	HOL=		OVT=		ALV=		OLV=		NON=		SP-RATE-HRS=	
------	-------	------	--	------	--	------	--	------	--	------	--	--------------	--

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

certlabr.2.1.19 615

G6

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 11:11:53

[REDACTED]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED05
FOR TIMEKEEPER: 59

LABOR-COST FROM : 03/14/1999

LABOR-COST TO : 03/27/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL	LV	OTHER	LV	NON-PD	L	SP-RATE	TOTAL	CERTIFIED
DAVIS C											80.00	Y

*** END OF REPORT - 27-DEC-2000 - 11:11 - SID G6CEFMP1 ***

CIC #: 99EPA SUPERFUND
BILLED DATE 01-FEB-1999
CUSTOMER ORDER NUMBER DW96947840-0560

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)
(DW96947840 - RAPID RESPONSE AT SAUGET AREA, IL IL980792006

PAGE NO. 001

* ACCOUNTS OF *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *

D.O.VOUCHER NO. BU VOUCHER NO. BILL NO. PAID BY CHECK NO. COLLECTION VOU. NO.

28010450
PARTIAL # 4 04-JAN-1999 THRU 01-FEB-1999

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER
MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

BILLING ACCOUNTING CLASSIFICATION

68 20 X 8145.0000 [REDACTED] NA \$3,579.86 [REDACTED] \$3,579.86

LINE ITEM MOA DESCRIPTION

000001 INHOUSE - LABOR
000001 INHOUSE - LABOR
000001 INHOUSE - LABOR
000001 INHOUSE - LABOR

[REDACTED]

SUBTOTAL

PARTIAL AMOUNT PAID \$3,579.86

PAYMENT DUE DATE 03-MAR-1999

PAY THIS AMOUNT \$.00

FUNDS AUTHORIZED: \$279,400.00
TOTAL BILLED AMOUNT: \$12,963.41
PREVIOUS BILLED AMOUNT: \$9,383.55
CURRENT BILLED AMOUNT: \$3,579.86
TOTAL FLUX BILLED: \$.00
PREVIOUS FLUX BILLED: \$.00
CURRENT FLUX BILLED: \$.00

CERTIFICATE OF OFFICE BILLED
I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS
STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE,
OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

DATE

AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

TRANSACTION LISTING
OMAHA DISTRICT

CUSTOMER ORDER: DW96947840-0560

ACCOUNTING PERIOD: 01-1999

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor \$	G&A \$	Indirect \$	Total
11-JAN-1999	L21275	08-JAN-1999							\$521.77
12-JAN-1999	L21275	07-JAN-1999							\$537.68
15-JAN-1999	L21275	11-JAN-1999							\$537.68
19-JAN-1999	L21275	15-JAN-1999							\$456.55
19-JAN-1999	L28473	15-JAN-1999							\$964.22
19-JAN-1999	L21275	11-JAN-1999							\$180.98
25-JAN-1999	L21275	21-JAN-1999							\$201.63
25-JAN-1999	L21275	19-JAN-1999							\$179.35
SUBTOTAL CO						\$2,074.82	\$508.32	\$996.72	\$3,579.86
TOTAL COST:									\$3,579.86

*** END OF REPORT - 19-DEC-2001 - 14:01 - SID G6CEFMP1 ***

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 27-DEC-2000
TIME: 10:37:27

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION
TIMEKEEPER: 59 SUPERVISOR: ED26
NAME: THOMASON P

FLSA: E CUTOFF DATE IS: 01/16/1999

PAY PERIOD ENDING: 01/16/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	01/03	01/04	01/05	01/06	01/07	01/08	01/09	01/10	01/11	01/12	01/13	01/14	01/15	01/16	Total
B02584								3.00												3.00
L21275										8.00										8.00
L27782						8.00		5.00	4.00											17.00
L29359									4.00	8.00										12.00

*The above hours were ELECTRONICALLY SIGNED ON: 11-JAN-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

B02584											0.50				0.50			0.50		1.50
L06876																		1.00		1.00
L21275											4.00							3.00		7.00
L32424																8.00		3.50		11.50
L34144												8.00	6.50							14.50
L34691											3.50									3.50
LEAVE																1.00				1.00

*The above hours were ELECTRONICALLY SIGNED ON: 19-JAN-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

Employee Totals: 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 80.00

REG= 79.00 HOL= OVT= ALV= 1.00 OLV= NON= SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL; AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED26

FOR TIMEKEEPER: 59

LABOR-COST FROM : 01/03/1999

LABOR-COST TO : 01/16/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
THOMASON P								80.00	Y

*** END OF REPORT - 27-DEC-2000 - 10:37 - SID G6CEFMP1 ***

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER: 74 SUPERVISOR: ED25

NAME: BERAN E

PLSA: E CUTOFF DATE IS: 01/16/1999

PAY PERIOD ENDING: 01/16/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	01/03	01/04	01/05	01/06	01/07	01/08	01/09	01/10	01/11	01/12	01/13	01/14	01/15	01/16	Total
B01397							6.00	7.50												13.50
L06089											4.00									4.00
L21275										8.00										8.00
L27079									8.00											8.00
L30110											4.00									4.00
LEAVE							2.00	0.50												2.50

*The above hours were ELECTRONICALLY SIGNED ON: 12-JAN-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

B02584																8.00				8.00
L06876																	8.00			8.00
L21275												8.00								8.00
L29941														8.00	8.00					16.00

*The above hours were ELECTRONICALLY SIGNED ON: 15-JAN-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:						8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00			80.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	------	------	------	------	------	--	--	-------

REG=	77.50	HOL=		OVT=		ALV=	2.50	OLV=		NON=		SP-RATE-HRS=	
------	-------	------	--	------	--	------	------	------	--	------	--	--------------	--

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED25

FOR TIMEKEEPER: 74

LABOR-COST FROM : 01/03/1999

LABOR-COST TO : 01/16/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
BERAN E								80.00	Y

 *** END OF REPORT - 27-DEC-2000 - 10:37 - SID G6CEPMP1 ***

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER: 74 SUPERVISOR: ED25

NAME: BERAN E

FLSA: E CUTOFF DATE IS: 01/16/1999

PAY PERIOD ENDING: 01/16/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	01/03	01/04	01/05	01/06	01/07	01/08	01/09	01/10	01/11	01/12	01/13	01/14	01/15	01/16	Total
B01397							6.00	7.50												13.50
L06089											4.00									4.00
L21275										8.00										8.00
L27079									8.00											8.00
L30110											4.00									4.00
LEAVE							2.00	0.50												2.50

*The above hours were ELECTRONICALLY SIGNED ON: 12-JAN-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

B02584																8.00				8.00
L06876																	8.00			8.00
L21275												8.00								8.00
L29941															8.00	8.00				16.00

*The above hours were ELECTRONICALLY SIGNED ON: 15-JAN-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:							8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00		80.00
------------------	--	--	--	--	--	--	------	------	------	------	------	--	--	------	------	------	------	------	--	-------

REG= 77.50 HOL= OVT= ALV= 2.50 OLV= NON= SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED25

FOR TIMEKEEPER: 74

LABOR-COST FROM : 01/03/1999

LABOR-COST TO : 01/16/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
BERAN E								80.00	Y

*** END OF REPORT - 27-DEC-2000 - 10:38 - SID G6CEFMP1 ***

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION

TIMEKEEPER: 59 SUPERVISOR: ED26

NAME: THOMASON P

FLSA: E CUTOFF DATE IS: 01/16/1999

PAY PERIOD ENDING: 01/16/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	01/03	01/04	01/05	01/06	01/07	01/08	01/09	01/10	01/11	01/12	01/13	01/14	01/15	01/16	Total
------	------	-----	----	---	----	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------

B02584								3.00												3.00
L21275											8.00									8.00
L27782						8.00	5.00	4.00												17.00
L29359									4.00	8.00										12.00

*The above hours were ELECTRONICALLY SIGNED ON: 11-JAN-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

B02584												0.50		0.50			0.50			1.50
L06876																	1.00			1.00
L21275												4.00					3.00			7.00
L32424																8.00	3.50			11.50
L34144													8.00	6.50						14.50
L34691												3.50								3.50
LEAVE																1.00				1.00

*The above hours were ELECTRONICALLY SIGNED ON: 19-JAN-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

Employee Totals:						8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00			80.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	------	------	------	------	------	--	--	-------

REG=	79.00	HOL=	OVT=	ALV=	1.00	OLV=	NON=	SP-RATE-HRS=
------	-------	------	------	------	------	------	------	--------------

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL; AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED26
FOR TIMEKEEPER: 59

LABOR-COST FROM : 01/03/1999

LABOR-COST TO : 01/16/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
THOMASON P								80.00	Y

*** END OF REPORT - 27-DEC-2000 - 10:39 - SID G6CEPMP1 ***

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

PLSA: E CUTOFF DATE IS: 01/16/1999

PAY PERIOD ENDING: 01/16/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	01/03	01/04	01/05	01/06	01/07	01/08	01/09	01/10	01/11	01/12	01/13	01/14	01/15	01/16	Total
B00594								6.00	6.00	6.00	3.00			4.00		6.00	7.00	6.00		44.00
B00667															8.00					8.00
L28473								2.00	2.00	2.00	3.00			2.00		2.00	1.00	2.00		16.00
LEAVE											2.00			2.00						4.00
LEAVE							8.00													8.00

*The above hours were ELECTRONICALLY SIGNED ON: 19-JAN-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:						8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00			80.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	------	------	------	------	------	--	--	-------

REG=	68.00	HOL=		OVT=		ALV=	4.00	OLV=		NON=	8.00	SP-RATE-HRS=	
------	-------	------	--	------	--	------	------	------	--	------	------	--------------	--

FOR THESE WORK ITEMS:

002DCL SAUGET AREA, IL (RAPID RESPONSE)

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 01/03/1999

LABOR-COST TO : 01/16/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
GOUGER T								80.00	Y

*** END OF REPORT - 27-DEC-2000 - 10:38 - SID G6CEPMP1 ***

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE



LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED05
FOR TIMEKEEPER: 74

LABOR-COST FROM : 01/03/1999

LABOR-COST TO : 01/16/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
CONNEALY D								82.50	Y

*** END OF REPORT - 27-DEC-2000 - 10:38 - SID G6CEFMP1 ***

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[REDACTED]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 01/17/1999

LABOR-COST TO : 01/30/1999

EMPLOYEE COUNT = 1

EMPLOYEE REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL CERTIFIED
BERAN E [REDACTED] [REDACTED] [REDACTED] 80.00 Y

*** END OF REPORT - 27-DEC-2000 - 10:39 - SID G6CEPMP1 ***

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 10:39:58

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION

TIMEKEEPER: 59 SUPERVISOR: ED26

NAME: THOMASON P

PLSA: E CUTOFF DATE IS: 01/30/1999

PAY PERIOD ENDING: 01/30/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	01/17	01/18	01/19	01/20	01/21	01/22	01/23	01/24	01/25	01/26	01/27	01/28	01/29	01/30	Total
------	------	-----	----	---	----	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------

L15518											4.00									4.00
L21275							2.75													2.75
L26606											3.00									3.00
L27782										8.00										8.00
L29359								2.00												2.00
L32424						0.25		6.00			1.00									7.25
L34144							5.00													5.00
LEAVE							8.00													8.00

*The above hours were ELECTRONICALLY SIGNED ON: 25-JAN-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

L15518															4.00					4.00
L29453														8.00						8.00
L32565															2.00		5.00			7.00
L33762															7.25					7.25
LEAVE															0.75	2.00	3.00			5.75
LEAVE															8.00					8.00

*The above hours were ELECTRONICALLY SIGNED ON: 01-FEB-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

Employee Totals:						8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00			80.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	------	------	------	------	------	--	--	-------

REG=	58.25	HOL=	OVT=	ALV=	5.75	OLV=	NON=	16.00	SP-RATE-HRS=
------	-------	------	------	------	------	------	------	-------	--------------

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL; AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

Page: 2
Date: 27-DEC-2000
TIME: 10:39:58

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED26
FOR TIMEKEEPER: 59

LABOR-COST FROM : 01/17/1999

LABOR-COST TO : 01/30/1999

EMPLOYEE COUNT = 1

EMPLOYEE REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL CERTIFIED
THOMASON P [REDACTED] [REDACTED] [REDACTED] 80.00 Y

*** END OF REPORT - 27-DEC-2000 - 10:39 - SID G6CEPMP1 ***

CIC #: 99EPA SUPERFUND
BILLED DATE 01-MAR-1999
CUSTOMER ORDER NUMBER DW96947840-0560
(DW96947840 - RAPID RESPONSE AT SAUGET AREA, IL IL980792006)

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

PAGE NO. 001

* ACCOUNTS OF *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *

D.O.VOUCHER NO. BU VOUCHER NO. BILL NO. PAID BY CHECK NO. COLLECTION VOU. NO.
28011167
PARTIAL # 5 01-FEB-1999 THRU 01-MAR-1999

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER
MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

BILLING ACCOUNTING CLASSIFICATION

68 20 X 8145.0000 NA \$5,589.78 96252 \$5,589.78

LINE ITEM MOA DESCRIPTION

000001 CONTRACT - OUTSIDE GOVERNMENT
000001 INHOUSE - LABOR
000001 INHOUSE - LABOR
000001 INHOUSE - LABOR
000001 INHOUSE - LABOR

SUBTOTAL

PARTIAL AMOUNT PAID

\$5,589.78

PAYMENT DUE DATE 31-MAR-1999

PAY THIS AMOUNT

\$.00

CERTIFICATE OF OFFICE BILLED

FUNDS AUTHORIZED: \$279,400.00
TOTAL BILLED AMOUNT: \$18,553.19
PREVIOUS BILLED AMOUNT: \$12,963.41
CURRENT BILLED AMOUNT: \$5,589.78
TOTAL FLUX BILLED: \$.00
PREVIOUS FLUX BILLED: \$.00
CURRENT FLUX BILLED: \$.00

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS
STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE,
OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

DATE

AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

TRANSACTION LISTING
OMAHA DISTRICTPage: 1
Date: 19-DEC-2001

CUSTOMER ORDER: DW96947840-0560

ACCOUNTING PERIOD: 02-1999

CONTRACT - OUTSIDE GOVERNMENT

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
02-FEB-1999	W59XQG83419716	99/12-13-98A	NA		0022	TRANSPER		\$268.43
23-FEB-1999	W59XQG90435549	902385G6	NA		1	TRANSPER		\$53.25
SUBTOTAL COST:								\$321.68

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor \$	G&A \$	Indirect \$	Total
01-FEB-1999	L35225								\$643.86
01-FEB-1999	L35672								\$186.09
01-FEB-1999	L35225								\$303.23
08-FEB-1999	L21275								\$470.47
08-FEB-1999	L21275								\$326.10
12-FEB-1999	L21275								\$1,075.36
16-FEB-1999	L21275								\$521.76
19-FEB-1999	L28473								\$ -931.12
19-FEB-1999	L28473								\$ -581.96
19-FEB-1999	L28473								\$ -964.22
19-FEB-1999	L35672								\$931.15
19-FEB-1999	L35672								\$964.14
19-FEB-1999	L35672								\$581.96
22-FEB-1999	L21275								\$1,245.13
26-FEB-1999	L35672								\$496.15
SUBTOTAL CO						\$3,233.84	\$792.32	\$1,241.94	\$5,268.10
TOTAL COST:								\$5,589.78	

*** END OF REPORT - 19-DEC-2001 - 14:02 - SID G6CEFMP1 ***

<Replace>

Action Edit Block Field Record Query ESIG Help

Travel Order No: 901322G6

Employee: TIMOTHY P GOUGER

Travel Order Date: 07-DEC-1998

Type: TEMPORARY DUTY

Obligation Line Items

Obligation	Obli LI No	Description	WI Cd	EOR	Approved Amount	Disbursed Amount	Travel Order Balance
901322G6	1	NON-GTR TRAVE	002DCL	21T2	49.50	49.50	0.00
99/12-13-98A	0022	7604389840/13	002DCL	21T1	268.43	268.43	0.00

View Funding

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Press <F2> or <F3> to query travel orders, <PGDN> to view individual line items.

Record: 1/1

ORDER FOR SUPPLIES OR SERVICES						Form Approved OMB No. 0704-0187 Expires Aug 31, 1992		PAGE 1	
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, Va 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington DC 20503.									
1. CONTRACT/PURCH ORDER NO. 99/12-13-98A		2. DELIVERY ORDER NO. NA		3. DATE OF ORDER. 02-FEB-1999		4. REQUISITION/PURCH REQUEST NO. W59XQG83379460		5. CERTIFIED FOR NATIONAL DEFENSE UNDER DMS REG 1	
6. ISSUED BY		CODE		7. ADMINISTERED BY		CODE		8. DELIVERY FOB [] DEST [] OTHER (See Schedule)	
9. CONTRACTOR VENDOR ID: NB22399		CODE		FACILITY CODE		10. DELIVER TO FOB POINT BY		11. MARK IF BUS. IS [] SMALL [] SMALL DIS- ADVANTAGED [] WOMEN-OWNED	
NATIONS BANK CARD #22399 4486160000022399 P O BOX 650785 DALLAS, TX 75265-0785						12. DISCOUNT TERMS			
						13. MAIL INVOICES TO See Block 15			
14. SHIP TO		CODE		15. PAYMENT WILL BE MADE BY		CODE		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
16. DELIVERY		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of the above numbered contract.							
PURCHASE		Reference your _____ furnish the following on terms specified herein:							
ACCEPTANCE. THE CONTRACT HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.									
<div style="display: flex; justify-content: space-between;"> <div>NAME OF CONTRACTOR</div> <div>SIGNATURE</div> <div>TYPED NAME AND TITLE</div> <div>DATE SIGNED</div> </div> <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:									
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE									
18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE	23. AMOUNT	
0001	7604389785/1267G6/KIRSCHBAUM			.0000/		.0000	JB	\$.00	\$268.43
0002	7604389786/1274G6/OPITZ			.0000/		.0000	JB	\$.00	\$375.38
*If quantity accepted by the Government is same as quantity ordered, indicate by x. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA			25. TOTAL		\$16,062.00
				BY: _____			29. DIFFERENCES		
				CONTRACTING/ORDERING OFFICER					
26. QUANTITY IN COLUMN 20 HAS BEEN				27. REC RPT NO 000001		28. D.O. VOUCHER NO. ** MULTIPLE **		30. INITIALS	
[] INSPECTED [X] RECEIVED [] ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED				[] PARTIAL [X] FINAL		32. PAID BY 8736		33. AMT VERIFIED CORRECT FOR \$268.43	
02-FEB-1999 /S/ DARLENE E SKINNER DATE SIGNATURE OF AUTHORIZED GOVERNMENT REP.				31. PAYMENT		24-FEB-99		34. CHECK NUMBER 0000318894	
36. I certify this amount is correct and proper for payment				[] COMPLETE [] PARTIAL [] FINAL				35. BILL OF LADING NO.	
DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER									
37. REC'D AT	38. RECEIVED BY DARLENE E SKINNER			39. DATE REC'D 02-FEB-1999	40. TOTAL CONT.		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT	
0003	7604389787/1263G6/WRIGHT	.0000/	.0000	JB	\$.00	\$375.38
0004	7604389790/1249G6/SCHJODT	.0000/	.0000	JB	\$.00	\$752.81
0005	7604389793/1268G6/KIRSCHBAUM	.0000/	.0000	JB	\$.00	\$225.92
0006	7604389794/247G6/VOLZ	.0000/	.0000	JB	\$.00	\$375.38
0007	7604389795/254G6/COOPER	.0000/	.0000	JB	\$.00	\$557.69
0008	7640389798/1239G6/REMUS	.0000/	.0000	JB	\$.00	\$821.12
0009	76094389799/1210G6/REMUS	.0000/	.0000	JB	\$.00	\$779.43
0010	7604389802/5G6/SPECTETER	.0000/	.0000	JB	\$.00	\$293.05
0011	7604389804/1288G6/LAGRONE	.0000/	.0000	JB	\$.00	\$373.40
0012	7604389814/1255G6/	.0000/	.0000	JB	\$.00	\$373.40
0013	7604389822/1299G6/CARRIG	.0000/	.0000	JB	\$.00	\$543.83
0014	7604389823/1311G6/BICHANICH	.0000/	.0000	JB	\$.00	\$296.26
0015	7604389827/1056G6/COLE	.0000/	.0000	JB	\$.00	\$373.40
0016	7604389828/1055G6/BALDING	.0000/	.0000	JB	\$.00	\$373.40
0017	7604389829/1674G6/KRUSE	.0000/	.0000	JB	\$.00	\$286.36
0018	7604389830/999G6/MURDOC	.0000/	.0000	JB	\$.00	\$388.38
0019	7604389831/BARTEL	.0000/	.0000	JB	\$.00	\$388.38
0020	7604389832/1213G6/GARRISON	.0000/	.0000	JB	\$.00	\$779.43
0021	7604389839/1300G6/KELLY	.0000/	.0000	JB	\$.00	\$268.53
0022	7604389840/1322G6/GOUGER	.0000/	.0000	JB	\$.00	\$268.43
0023	7604389842/1313G6/TAYLOR	.0000/	.0000	JB	\$.00	\$217.04
0024	76043898343/1245G6/BUSS	.0000/	.0000	JB	\$.00	\$476.51
0025	7604389848/1205G6/MCCLENATHAN	.0000/	.0000	JB	\$.00	\$228.92
0026	7604389849/1278G6/BECKER, DAVE	.0000/	.0000	JB	\$.00	\$375.38
0027	7604389851/1307G6/HILL	.0000/	.0000	JB	\$.00	\$373.40
0028	7604389853/1277G6/SAARI	.0000/	.0000	JB	\$.00	\$375.38
0029	7604389855/1323G6/WESTENGURG	.0000/	.0000	JB	\$.00	\$325.87
0030	7604389856/1289G6/STOLTZ	.0000/	.0000	JB	\$.00	\$645.18
0031	7604389857/1339G6	.0000/	.0000	JB	\$.00	\$456.61
0032	7604389860/1362G6/SHIELDS	.0000/	.0000	JB	\$.00	\$189.21
0033	7604389879/1365G6/GUNKELMAN	.0000/	.0000	JB	\$.00	\$373.40
0034	7604389880/81/1359G6/CARLSON	.0000/	.0000	JB	\$.00	\$146.66
0035	7604389883/1333G6/MALIN	.0000/	.0000	JB	\$.00	\$189.21
0036	7604389884/1379G6/ELLENDER	.0000/	.0000	JB	\$.00	\$456.61
0037	7604389885/1334G6/ONEILL	.0000/	.0000	JB	\$.00	\$189.21
0038	7604389902/1354G6/HENLEY	.0000/	.0000	JB	\$.00	\$752.81
0039	7604389903/1356G6/SCHULTE	.0000/	.0000	JB	\$.00	\$752.81

VISA **ACCOUNT NUMBER**

Page 7 of 9

12-09	MIDWEST	4537604389853OAK CREEK WI	12-07	379.00	DR
REF:24110208342912170010002 MCC:4511 PHONE:					
NM:SAARI/R	DEP:120998	OARP:OMA TKT:	MVAT:	CVAT:	CC: SVC:Y DARP:DCA FR: TRV:000000
12-09	NWA AIR	0127604389829OMAHA NE	12-07	289.00	DR
REF:24717058342583420954343 MCC:3060 PHONE:					
NM:KRUSE/C	DEP:121298	OARP:FSD TKT:	MVAT:	CVAT:	CC: SVC:Y DARP:MSP FR: TRV:000000 SVC:Y
DARP:BDI FR:	TRV:000000	SVC:Y DARP:MSP FR:	TRV:000000	SVC:Y DARP:FSD FR:	TRV:000000
12-09	UNITED AIR	0167604389827OMAHA NE	12-07	377.00	DR
REF:24792628342681911131185 MCC:3000 PHONE:					
NM:COLE/K	DEP:121498	OARP:DEN TKT:	MVAT:	CVAT:	CC: SVC:Y DARP:OMA FR: TRV:000000 SVC:Y
DARP:DEN FR:	TRV:000000				
12-09	UNITED AIR	0167604389828OMAHA NE	12-07	377.00	DR
REF:24792628342681911131203 MCC:3000 PHONE:					
NM:BALDING/D	DEP:121498	OARP:DEN TKT:	MVAT:	CVAT:	CC: SVC:Y DARP:OMA FR: TRV:000000 SVC:Y
DARP:DEN FR:	TRV:000000				
12-09	UNITED AIR	0167604389832OMAHA NE	12-07	787.00	DR
REF:24792628342681911131211 MCC:3000 PHONE:					
NM:GARRISON/J	DEP:121398	OARP:OMA TKT:	MVAT:	CVAT:	CC: SVC:B DARP:DEN FR: TRV:000000 SVC:B
DARP:ISN FR:	TRV:000000	SVC:H DARP:DEN FR:	TRV:000000	SVC:Y DARP:OMA FR:	TRV:000000
12-09	UNITED AIR	0167604389839OMAHA NE	12-07	271.00	DR
REF:24792628342681911131229 MCC:3000 PHONE:					
NM:KELLY/M	DEP:120798	OARP:OMA TKT:	MVAT:	CVAT:	CC: SVC:S DARP:DEN FR: TRV:000000 SVC:S
DARP:PDX FR:	TRV:000000	SVC:S DARP:DEN FR:	TRV:000000	SVC:S DARP:OMA FR:	TRV:000000
12-09	UNITED AIR	0167604389840OMAHA NE	12-07	271.00	DR
REF:24792628342681911131237 MCC:3000 PHONE:					
NM:GOUGER/T	DEP:120898	OARP:OMA TKT:	MVAT:	CVAT:	CC: SVC:Y DARP:ORD FR: TRV:000000 SVC:Y
DARP:OMA FR:	TRV:000000				
12-09	UNITED AIR	0167604389843OMAHA NE	12-07	481.00	DR
REF:24792628342681911131252 MCC:3000 PHONE:					
NM:BUSS/M	DEP:120898	OARP:OMA TKT:	MVAT:	CVAT:	CC: SVC:Y DARP:ORD FR: TRV:000000 SVC:Y
DARP:MDT FR:	TRV:000000	SVC:Y DARP:ORD FR:	TRV:000000	SVC:Y DARP:OMA FR:	TRV:000000
12-09	UNITED AIR	0167604389848OMAHA NE	12-07	231.00	DR
REF:24792628342681911131288 MCC:3000 PHONE:					
NM:MCCLLENATHAN/J	DEP:120898	OARP:OMA TKT:	MVAT:	CVAT:	CC: SVC:S DARP:DEN FR: TRV:000000 SVC:S
DARP:SMF FR:	TRV:000000	SVC:S DARP:DEN FR:	TRV:000000	SVC:S DARP:OMA FR:	TRV:000000
12-09	UNITED AIR	0167604389851OMAHA NE	12-07	377.00	DR
REF:24792628342681911131294 MCC:3000 PHONE:					
NM:HILL/S	DEP:120998	OARP:OMA TKT:	MVAT:	CVAT:	CC: SVC:Y DARP:DEN FR: TRV:000000 SVC:Y DARP:OMA
FR:	TRV:000000				

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as indicated in items 2 through 21							1. DATE OF REQUEST 04-MAR-1999	
REQUEST FOR OFFICIAL TRAVEL								
2.NAME (Last,First,Middle Initial) SSN GOUGER, TIMOTHY P					3.POSITION TITLE AND GRADE OR RATING ENVIRONMENTAL ENGINEER GS12			
4.OFFICIAL STATION RAPID RESPONSE RESIDENT OFFICE OFFUTT, APB, NE					5.ORGANIZATIONAL ELEMENT CENWO-CD-PC-R		6.PHONE NO. 402-293-2514	
7.TYPE OF ORDERS TEMPORARY DUTY			8.SECURITY CLEARANCE		9.PURPOSE OF TDY TECH SUPPORT CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL			
10a.APPROX NO. DAYS OF TDY (Including travel time) 1			b.PROCEED O/A (DATE) 08-DEC-1998					
11.ITINERARY <input checked="" type="checkbox"/> VARIATION AUTHORIZED LEG: 1 OF 1 AMENDMENT NUMBER: 1 FROM: OMAHA / DOUGLAS NEBRASKA PROCEED ON 08-DEC-1998 AT 600 HRS TO : CHICAGO / DU PAGE, COOK & LAKE ILLINOIS DEPART ON 08-DEC-1998 AT 1900 HRS								
12.MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE								
COMMERCIAL				GOVERNMENT			PRIVATELY OWNED CONVEYANCE (Check one)	
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: 0.0000	
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)							<input type="checkbox"/> More advantageous to government <input type="checkbox"/> Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.	
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)								
14.ESTIMATED COST							15.ADVANCE AUTHORIZED	
PER DIEM \$162.00		TRAVEL \$318.43		OTHER \$50.00		TOTAL \$530.43		\$.00
16.REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) See Attached For Additional Remarks TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.								
17.REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ DARLENE E SKINNER TRANSPORTATION ASSISTANT 04-MAR-1999					18.APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ DARLENE E SKINNER TRANSPORTATION ASSISTANT 04-MAR-1999			
AUTHORIZATION								
19.ACCOUNTING CITATION <div style="background-color: black; width: 400px; height: 15px; margin-bottom: 5px;"></div> 1004								
20.ORDER AUTHORIZING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ DARLENE E SKINNER LOGISTICS MANAGEMENT OFFICE 9501 JOHN J. PERSHING DR. OMAHA, NE68112							21.DATE ISSUED 04-MAR-1999	
							22.TRAVEL ORDER NUMBER 901322G6	

U.S. ARMY CORPS OF ENGINEERS
REQUEST FOR OFFICIAL TRAVEL

DATE ISSUED
04-MAR-1999

NAME (Last, First)
GOUGER, TIMOTHY P

TRAVEL ORDER NUMBER
901322G6

16.REMARKS

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC
KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE
RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as indicated in items 2 through 21							1. DATE OF REQUEST 07-DEC-1998															
REQUEST FOR OFFICIAL TRAVEL																						
2.NAME (Last,First,Middle Initial) SSN GOUGER, TIMOTHY P				3.POSITION TITLE AND GRADE OR RATING ENVIRONMENTAL ENGINEER GS12																		
4.OFFICIAL STATION RAPID RESPONSE RESIDENT OFFICE OFFUTT, AFB, NE				5.ORGANIZATIONAL ELEMENT CENWO-CD-FC-R		6.PHONE NO. 402-293-2514																
7.TYPE OF ORDERS TEMPORARY DUTY			8.SECURITY CLEARANCE		9.PURPOSE OF TDY TECH SUPPORT CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL																	
10a.APPROX NO. DAYS OF TDY (Including travel time) 1			b.PROCEED O/A (DATE) 08-DEC-1998																			
11.ITINERARY <input checked="" type="checkbox"/> VARIATION AUTHORIZED LEG: 1 OF 1 AMENDMENT NUMBER: 0 FROM: OMAHA / DOUGLAS NEBRASKA PROCEED ON 08-DEC-1998 AT 600 HRS TO : CHICAGO / DU PAGE, COOK & LAKE ILLINOIS DEPART ON 08-DEC-1998 AT 1900 HRS																						
12.MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE																						
COMMERCIAL RAIL <input type="checkbox"/> AIR <input checked="" type="checkbox"/> BUS <input type="checkbox"/> SHIP <input type="checkbox"/>			GOVERNMENT AIR <input type="checkbox"/> VEHICLE <input type="checkbox"/> SHIP <input type="checkbox"/>			PRIVATELY OWNED CONVEYANCE (Check one) RATE PER MILE: 0.0000																
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)						<input type="checkbox"/> More advantageous to government <input type="checkbox"/> Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.																
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM(Specify)																						
14.ESTIMATED COST <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">PER DIEM</td> <td style="width:20%;">TRAVEL</td> <td style="width:20%;">OTHER</td> <td style="width:20%;">TOTAL</td> <td colspan="3"></td> </tr> <tr> <td style="text-align: right;">\$162.00</td> <td style="text-align: right;">\$321.00</td> <td style="text-align: right;">\$50.00</td> <td style="text-align: right;">\$533.00</td> <td colspan="3"></td> </tr> </table>							PER DIEM	TRAVEL	OTHER	TOTAL				\$162.00	\$321.00	\$50.00	\$533.00				15.ADVANCE AUTHORIZED \$.00	
PER DIEM	TRAVEL	OTHER	TOTAL																			
\$162.00	\$321.00	\$50.00	\$533.00																			
16.REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) See Attached For Additional Remarks TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.																						
17.REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN SUPERVISORY CIVIL ENGINEER 07-DEC-1998				18.APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JEROME M WOODS NER SUPERVISORY CIVIL ENGINEER 07-DEC-1998																		
AUTHORIZATION																						
19.ACCOUNTING CITATION <div style="background-color: black; height: 15px; width: 400px; display: inline-block;"></div> 1004																						
20.ORDER AUTHORIZING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JANICE L WZOREK PORT CROOK AREA OFFICE USACE P.O. BOX 13287 OFFUTT, AFB, NE68113						21.DATE ISSUED 07-DEC-1998 22.TRAVEL ORDER NUMBER 901322G6																

U.S. ARMY CORPS OF ENGINEERS
REQUEST FOR OFFICIAL TRAVEL

DATE ISSUED
07-DEC-1998

NAME (Last, First)
GOUGER, TIMOTHY P

TRAVEL ORDER NUMBER
901322G6

16. REMARKS

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC
KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE
RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

Action Edit Block Field Record Query ESIG Help

Obligation No: 99/12-13-98A Delivery Order: NA Obli Line: 0022 Freight: ☐
Amend No: 1 Orig: Amend Date: 27-JUL-2001 Fast Pay: ☐
Work Item: 002DCM AMSCO: 015558 Progress Pay: ☐
Fund Citation: 96NAX3122 Fund Account: G625294 Resource: TRANSPER
Description: COMMERCIAL TRANSPORTATION MOA: C2 Allot: 2417 EOR: 21T1

<PGDII> To Execute RV or Debt Bill Query

RV No	Reference No	Cert Date	Disb Amount	DOV No	Check No	Pmt Meth
21	NATIONSBANK 22399	24-FEB-1999	268.43	128541	318894	TCHEC

☐ RR ☐ Invoice ☐ Progress Pmts ☐ RV ☐ AP Transaction ☐ Check Register
Prev Page Prev Next Query List Save Exit Next Page

Action Edit Block Field Record Query ESIG Help

Assigned Check No: 318894

Check No Trace: 1800035947

Replacement No:

Pmt Method: TCHEC DSSN: 8736

Ea?:

Type: CONTRACT

FOA Code: G6

Check Date: 24-FEB-1999

Reference No: 99/12-13-98

Amount: 27833.81

Currency: US

Status: PRINTED

FC Amount: .000000

Payee: NATIONS BANK CARD SERVICE

P O BOX 650785

DALLAS, TX 75265-0785

Certified By: MORGAN, JAMES R SR

Date Signed: 24-FEB-1999

Initial Signature: 7DDDBD0FDA82E77736D

Disbursing Officer's Signature: FKB89BB04838892936D

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Press F2 to enter a query.

Record: 1/1

TRAVEL VOUCHER OR SUBVOUCHER				TV NO: 1 AMEND NO: 0							
1. PAYMENT REQUIRED BY				2. TYPE OF PAYMENT				3. FOR DO USE ONLY			
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input checked="" type="checkbox"/> ELECTRONIC FUND TRANSFER				<input checked="" type="checkbox"/> TDY/TAD <input type="checkbox"/> PCS MEMBER / EMPLOYEE <input type="checkbox"/> OTHER <input type="checkbox"/> DEPENDENT(S) <input type="checkbox"/> DLA				a. DO VOUCHER NO. 0000128441			
4. NAME (Last, First, Middle Initial) GOUGER, TIMOTHY P				5. GRADE 12		6. SSN Privacy Act Data		b. SUBVOUCHER NO.			
7. ADDRESS a. NUMBER AND STREET Privacy Act Information.				b. CITY Privacy Act Information.		c. STATE		d. ZIP CODE		c. PAID BY 8736 24Feb1999 USACE FINANCE CENTER	
8. TELEPHONE NUMBER 402-293-2514		9. TRAVEL ORDER NUMBER 902385G6 12Feb1999		10. PREVIOUS PAYMENTS/ADVANCES \$.00							
11. ORGANIZATION AND STATION RAPID RESPONSE RESIDENT O											
12. DEPENDENT(S)				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS SEE ATTACHED (IF APPLICABLE)							
<input type="checkbox"/> ACCOMPANIED				<input type="checkbox"/> UNACCOMPANIED							
SEE ATTACHED (IF APPLICABLE)				14. HOUSEHOLD GOODS SHIPPED <input type="checkbox"/> YES <input type="checkbox"/> NO							
15. ITINERARY											
DATE	LOCAL TIME	PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OF MEALS Gov't Ded		POC MILES			
1999											
02/17	DEP 0700	OMAHA / DOUGLAS NE NEBRASKA	TP								
02/17	ARR 0920	CHICAGO / COOK IL ILLINOIS		TD							
02/17	DEP 1945	CHICAGO / COOK IL ILLINOIS	TP								
02/17	ARR 2200	OMAHA / DOUGLAS NE NEBRASKA		MC							
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
16. REIMBURSABLE EXPENSES						17. LEAVE		e. SUMMARY OF PAYMENT			
DATE	b. NATURE OF EXPENSE		c. AMOUNT	b. ALLOWED		a. DAYS	b. HOURS				
17Feb1999	MILEAGE TO/FROM AIRPORT		\$ 9.75					(1) Per Diem \$34.50			
17Feb1999	PARKING FEES - AIRPORT		\$ 6.00					(2) Actual Expense			
17Feb1999	TRANSPORTATION - BUS		\$ 3.00					(3) Mileage			
								(4) Dependent Travel			
								(5) DLA			
								(6) Reimbursable Expense \$18.75			
								(7) Total \$53.25			
								(8) Less Advance			
								(9) Amount Owed			
								(10) Amount Due \$53.25			
18. POC TRAVEL:			OWNER/OPERATOR		PASSENGER		19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)				
20. Long distance telephone calls are certified as necessary in the interest of the government.						a. GTR/MTA NO.	b. FROM	c. TO			
APPROVING OFFICER (31 USC 1348(b))						7617565618	OMAHA / DOUGLAS NEB	CHICAGO / DU PAGE,			
21.a. CLAIMANT SIGNATURE				b. DATE		22.a. APPROVING OFFICER SIGNATURE /ELECTRONICALLY SIGNED BY/ JEROME M WOODS				b. DATE 23Feb1999	
23. ACCOUNTING CLASS <div style="background-color: black; width: 100%; height: 1.2em; margin-top: 5px;"></div> 100 % FUNDED											
24. COLLECTION DATA											
25. COMPUTED BY SHELIA DACQUISTO		26. AUDITED BY JUDITH MORGAN		27. TRVL ORD POSTED BY		28. RECEIVED (Payee signature and date or check no.) 105675 24Feb1999		29. AMOUNT PAID \$53.25			

TRAVEL VOUCHER OR SUBVOUCHER

Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in Remarks.

1. PAYMENT REQUIRED BY (X one)

CASH ☐ CHECK ☒ ELECTRONIC FUND TRANSFER

2. TYPE OF PAYMENT (X as applicable)

TOY/TAO ☒ PCS ☐ OTHER ☐ (Member/Employee) ☐ (Dependent(s)) ☐ DLA ☐

3. FOR D.O. USE ONLY

a. D.O. VOUCHER NUMBER

4. NAME (Last, First, Middle Initial) (Print or type)

Gouger Timothy P

5. GRADE

G-512

6. SSN

[REDACTED]

b. SUBVOUCHER NUMBER

7. ADDRESS, a. NUMBER AND STREET

[REDACTED]

b. CITY

[REDACTED]

c. STATE

[REDACTED]

d. ZIP CODE

[REDACTED]

c. PAID BY

8. TELEPHONE NUMBER (Include Area Code)

[REDACTED]

9. TRAVEL ORDER NUMBER

902385G19

10. PREVIOUS PAYMENTS/ADVANCES

[REDACTED]

11. ORGANIZATION AND STATION

CENWJ-CO-FC

12. DEPENDENT(S) (X and complete as applicable)

ACCOMPANIED		UNACCOMPANIED	
a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE	

13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)

[REDACTED]

14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)

YES ☐ NO ☒ (Explain in Remarks)

d. COMPUTATIONS

15. ITINERARY

a. DATE 19	b. LOCAL TIME (24 hour)	c. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	d. MEANS/ MODE OF TRAVEL	e. REASON FOR STOP	f. NUMBER OF MEALS		g. POC MILES
					(1) Gov't (B-L-D)	(2) Ded (B-L-D)	
2/17	DEP 0700	Home	PA				
	ARR 0730			AT			15
	DEP 0730	Eppley	CP				
	ARR 0730			TD			
	DEP 1745	Chicago IL	CP				
	ARR 2130			AT			
	DEP 2130	Eppley	PA				
	ARR 2200			MX			15
	DEP	Home					
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						

a. SUMMARY OF PAYMENT

(1) Per Diem	
(2) Actual Expense Allowance	
(3) Mileage	
(4) Dependent Travel	
(5) DLA	
(6) Reimbursable Expenses	
(7) Total	
(8) Less Advance	
(9) Amount Owed	
(10) Amount Due	

16. REIMBURSABLE EXPENSES

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED
2/17/99	STA	\$3.00	
	Parking	\$16.25	
	POC 30 X 0.325	9.75	

17. LEAVE

a. DAYS	b. HOURS

c. TAKEN BETWEEN

1. AND

18. POC TRAVEL (X one)

OWN/OPERATE PASSENGER

20. LONG DISTANCE TELEPHONE CALLS ARE CERTIFIED AS NECESSARY IN THE INTEREST OF THE GOVERNMENT.

APPROVING OFFICER
(31 USC 1348(d))

19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)

a. GTR/MTA NO.	b. FROM	c. TO

21. CLAIMANT SIGNATURE

Timothy P. Gouger

b. DATE

2/18/99

22. APPROVING OFFICER SIGNATURE

b. DATE

23. ACCOUNTING CLASSIFICATION

7617565618

24. COLLECTION DATA

25. COMPUTED BY	26. AUDITED BY	27. TRAVEL ORDER POSTED BY	28. RECEIVED (Payee Signature and Date or Check No.)	29. AMOUNT PAID
-----------------	----------------	----------------------------	--	-----------------

SALES PERSON: 41
CUSTOMER NBR: 555101

ITINERARY/INVOICE NO. 0012995
RLWHTU

DATE: 16 FEB 99
PAGE: 01

TO: PICKUP 16FEB .

MAIL REFUNDS W/ORDERS TO-
CARLSON WAGONLIT TRAVEL
COE/OMAHA
215 N 17TH STREET
ROOM 106B
OMAHA NE 68102

FOR: GOUGER/TIM

REF: CTAGRD, 096252, COEOMA

17 FEB 99 - WEDNESDAY

AIR UNITED AIRLINES
LV OMAHA

FLT:1840

COACH
805A

EDP: BOEING 757
01HR 21MIN
NON-STOP
REF: NG53Z0

AR CHICAGO OHARE
ARRIVE: TERMINAL 1
GOUGER/TIM

926A

SEAT-30A

AIR UNITED AIRLINES
LV CHICAGO OHARE
DEPART: TERMINAL 1
AR OMAHA

FLT:1775

COACH
745P
911P

EDP: BOEING 757
01HR 26MIN
NON-STOP
REF: NG53Z0

GOUGER/TIM

SEAT-19D

18 MAY 99 - TUESDAY

OTHER INFORMATION

THANK YOU FOR CALLING CARLSON WAGONLIT TRAVEL

AIR TICKET UA7617565610
ELEC TKT

GOUGER TIM
BILLED TO

271.00

SUB TOTAL
NET CC BILLING

271.00
271.00

TOTAL AMOUNT DUE

0.00

CONTINUED ON PAGE 2

SALES PERSON: 41
CUSTOMER NBR: 555151

ITINERARY/INVOICE NO. 0012995
RLWMTU

DATE: 16 FEB 99
PAGE: 02

TO: PICKUP 16FEB .

MAIL REFUNDS W/ORDERS TO-
CARLSON WAGONLIT TRAVEL
COE/OMAHA
215 N 17TH STREET
ROOM 106B
OMAHA NE 68102

FOR: GOUGER/TIM

REF: CTAORD,096252,COEOMA

X ----- INFORMATION FOR ARMY TRAVELERS -----

IF YOU NEED TO CONTACT THE ARMY MILITARY LODGING

RESERVATION CENTER DIRECT, THE PHONE NUMBER IS

1-800-GO ARMY 1 OR 800-462-7691. --LODGING ONLY--

XX

EMERGENCY CWT SERVICE WHILE TRAVELING CALL 800-288-5999

TICKET RECEIVED

CLIENT SIGNATURE.....

YOUR PERSONAL ID CODE IS S10L4/CTO

THANK YOU FOR BOOKING WITH CARLSON WAGONLIT TRAVEL

FOR EMERGENCIES DURING BUSINESS HOURS,

PLEASE CALL 1-800-945-0535

FARE-A41 YCA

CAR DECLINED/41/11FEB

LODGING DECLINED/41/11FEB

1/626 CONTRACT CARRIER USED FOR ENTIRE TRIP

U3-COEOMA,X

U3-96X3122, ,

U6- ,

U7-12FEB99 000000096238566

U3-000000000

AMPCN
FPILEY
OMAHA NE

PAID
4.33.4
2#
....279Hc
99-02.430T
017-21:15EV
99-02.430T
017-07:27EN
C....5.00\$
....5.00\$
14910P NE

PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE

CTAORD, 096252, COEOMA

PASSENGER RECEIPT

555101 0012001 A41
BOARDING PASS

1410P
STOCK 328
4-08
1967

ISSUED BY
UNITED AIRLINES
NAME OF ISSUING AGENT
ALMEDA TVL OMAHA
NAME OF PASSENGER
GOUGER/TIM
XO FROM
XO TO
ENDORSEMENTS/RESTRICTIONS

ARC

PRIORITY
COUPON X

XXXXX

YOUR CODE

AGENT CODE

A28926122

NAME OF PASSENGER
GOUGER/TIM

OMAHA

PLACE OF ISSUE
NE US161 FEB 99

PHYSICIAN CODE

RLWMTU/AA YCA

FARE BASIS/TICKET DESIGNATOR

DATE OF ISSUE

QNA

FROM
00RD UA1840 * 17 FEB 99

QNA UA720 * 17 FEB 99

ISSUING AGENT ID
1014743

THIS IS YOUR RECEIPT

036745 /FCOMA UA CH11
122.22 UA OMA122.22YCA 244.44 END ZPOMA2ORD2 XFORD3

FARE XI 3.00
TAX USD 244.44
TAX US 19.56
TAX ZP 4.00
TOTAL USD 271.00

BOUND FARE PD.

STOCK CONTROL NO. TX 809 CK

CPN

DOCUMENT NUMBER

CK

ALLOW PCS WT UNCD

0 016 7617565610 6

NOT VALID FOR TRAVEL
0 016 7617565610 6
AA28926122

DOCUMENT IS HEAT SENSITIVE -
Do not expose to prolonged periods of excessive heat or light

IT IS UNLAWFUL TO PURCHASE OR RESALE THIS TICKET WITHOUT ANY
WRITING OTHER THAN THE ISSUING CARRIER OR ITS AUTHORIZED AGENT

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as indicated in items 2 through 21						1. DATE OF REQUEST 19-JUL-1999	
REQUEST FOR OFFICIAL TRAVEL							
2. NAME (Last, First, Middle Initial) SSN GOUGER, TIMOTHY P				3. POSITION TITLE AND GRADE OR RATING ENVIRONMENTAL ENGINEER GS12			
4. OFFICIAL STATION RAPID RESPONSE RESIDENT OFFICE OFFUTT, AFB, NE				5. ORGANIZATIONAL ELEMENT CENWO-CD-FC-R		6. PHONE NO. 402-293-2514	
7. TYPE OF ORDERS TEMPORARY DUTY		8. SECURITY CLEARANCE		9. PURPOSE OF TDY TECH SUPPORT CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL			
10a. APPROX NO. DAYS OF TDY (Including travel time) 1		10b. PROCEED O/A (DATE) 17-FEB-1999					
11. ITINERARY <input checked="" type="checkbox"/> VARIATION AUTHORIZED LEG: 1 OF 1 AMENDMENT NUMBER: 1 FROM: OMAHA / DOUGLAS NEBRASKA PROCEED ON 17-FEB-1999 AT 600 HRS TO : CHICAGO / DU PAGE, COOK & LAKE ILLINOIS DEPART ON 17-FEB-1999 AT 1900 HRS							
12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE							
COMMERCIAL				GOVERNMENT		PRIVATELY OWNED CONVEYANCE (Check one)	
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: 0.0000
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)						<input type="checkbox"/> More advantageous to government	
						<input type="checkbox"/> Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.	
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)							
14. ESTIMATED COST						15. ADVANCE AUTHORIZED	
PER DIEM \$162.00		TRAVEL \$318.43		OTHER \$50.00		TOTAL \$530.43	
16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) See Attached For Additional Remarks TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.							
17. REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ DARLENE E SKINNER TRANSPORTATION ASSISTANT 19-JUL-1999				18. APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ DARLENE E SKINNER TRANSPORTATION ASSISTANT 19-JUL-1999			
AUTHORIZATION							
19. ACCOUNTING CITATION <div style="background-color: black; width: 400px; height: 20px; margin-bottom: 5px;"></div> <div style="float: right;">100%</div>							
20. ORDER AUTHORIZING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ DARLENE E SKINNER LOGISTICS MANAGEMENT OFFICE 9501 JOHN J. PERSHING DR. OMAHA, NE 68112						21. DATE ISSUED 19-JUL-1999	
						22. TRAVEL ORDER NUMBER 902385G6	

U.S. ARMY CORPS OF ENGINEERS
REQUEST FOR OFFICIAL TRAVEL

DATE ISSUED
19-JUL-1999

NAME (Last, First)
GOUGER, TIMOTHY P

TRAVEL ORDER NUMBER
902385G6

16. REMARKS

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC
KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE
RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as indicated in items 2 through 21						1. DATE OF REQUEST 12-FEB-1999	
REQUEST FOR OFFICIAL TRAVEL							
2. NAME (Last, First, Middle Initial) SSN GOUGER, TIMOTHY P				3. POSITION TITLE AND GRADE OR RATING ENVIRONMENTAL ENGINEER GS12			
4. OFFICIAL STATION RAPID RESPONSE RESIDENT OFFICE OFFUTT, AFB, NE				5. ORGANIZATIONAL ELEMENT CENWO-CD-FC-R		6. PHONE NO. 293-2500	
7. TYPE OF ORDERS TEMPORARY DUTY		8. SECURITY CLEARANCE		9. PURPOSE OF TDY TECH SUPPORT			
10a. APPROX NO. DAYS OF TDY (Including travel time) 1		10b. PROCEED O/A (DATE) 17-FEB-1999		CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL			
11. ITINERARY <input checked="" type="checkbox"/> VARIATION AUTHORIZED							
LEG: 1 OF 1 AMENDMENT NUMBER: 0 FROM: OMAHA / DOUGLAS NEBRASKA PROCEED ON 17-FEB-1999 AT 600 HRS TO : CHICAGO / DU PAGE, COOK & LAKE ILLINOIS DEPART ON 17-FEB-1999 AT 1900 HRS							
12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE							
COMMERCIAL				GOVERNMENT		PRIVATELY OWNED CONVEYANCE (Check one)	
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE:
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)						<input type="checkbox"/> More advantageous to government <input type="checkbox"/> Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.	
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)							
14. ESTIMATED COST						15. ADVANCE AUTHORIZED	
PER DIEM \$162.00		TRAVEL \$321.00		OTHER \$50.00		TOTAL \$533.00	
\$.00							
16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED. IF TRIP IS CANCELLED OR CHANGED, TRAVELER IS LIABLE FOR ISSUED/UNUSED TICKETS UNTIL TURNED IN WITH TVL VOUCHER OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVERNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT. TRAVEL ADVANCE MUST BE SETTLED WITHIN 15 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.							
17. REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN SUPERVISORY CIVIL ENGINEER 12-FEB-1999				18. APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JEROME M WOODS SUPERVISORY CIVIL ENGINEER 12-FEB-1999			
AUTHORIZATION							
19. ACCOUNTING CITATION <div style="background-color: black; width: 400px; height: 15px; margin-bottom: 5px;"></div> 100%							
20. ORDER AUTHORIZING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ MARILYN B MIKULA LOGISTICS MANAGEMENT OFFICE 9501 JOHN J. PERSHING DR. OMAHA, NE 68112						OR AUTHENTICATION TRAVEL CLERK	
						21. DATE ISSUED 12-FEB-1999	
						22. TRAVEL ORDER NUMBER 902385G6	

902385G6

Action Edit Block Field Record Query ESIG Help

Assigned Check No: 105679

Check No Trace: 1800035893

Replacement No:

Pmt Method: EFT

DSSN: 8736

Ea?: ☐

Type: TRV SETLMT

FOA Code: G6

Check Date: 24-FEB-1999

Reference No: 902385G6

Amount: 53.25

Currency: US

Status: PRINTED

FC Amount:

Payee: TIMOTHY P GOUGER

Certified By: AUTRY, SHIRLEY LE

Date Signed: 24-FEB-1999

Initial Signature: AR594B9DA684ECF536D

Disbursing Officer's Signature: 36D4592F

[View Spoil/Void Remarks](#)

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Press F2 to enter a query.

Record: 1/1

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 10:49:31

ORGANIZATION TITLE: HAZARD, TOXIC & RADIO. WASTE BR

TIMEKEEPER: 17 SUPERVISOR: CT03

NAME: HADLEY D

PLSA: E CUTOFF DATE IS: 01/30/1999

PAY PERIOD ENDING: 01/30/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	01/17	01/18	01/19	01/20	01/21	01/22	01/23	01/24	01/25	01/26	01/27	01/28	01/29	01/30	Total
B03021										3.00				2.00	2.00	1.00				8.00
L12915									8.00	5.00				4.00	6.00	6.00	4.00	6.00		39.00
L19727																1.00	4.00	2.00		7.00
L35225								8.00	8.00					2.00						18.00
LEAVE							8.00													8.00

*The above hours were ELECTRONICALLY SIGNED ON: 01-FEB-1999

BY: RICHARDSON, J R JOB TITLE: SUPV CONTRACT SPECIALIST

Employee Totals:						8.00	8.00	8.00	8.00	8.00				8.00	8.00	8.00	8.00	8.00		80.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	--	------	------	------	------	------	--	-------

REG=	72.00	HOL=		OVT=		ALV=		OLV=		NON=	8.00	SP-RATE-HRS=	
------	-------	------	--	------	--	------	--	------	--	------	------	--------------	--

FOR THESE WORK ITEMS:

002ZN5 SITE 2, SAUGET CONSTR ORDERING NO.

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CT03

FOR TIMEKEEPER: 17

LABOR-COST FROM : 01/17/1999

LABOR-COST TO : 01/30/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
HADLEY D								80.00	Y

 *** END OF REPORT - 27-DEC-2000 - 10:49 - SID G6CEFMP1 ***

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD17
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 01/30/1999

PAY PERIOD ENDING: 01/30/1999

```
*****
CHARGE  WORK  HRS SH N EV
CODE  ITEM   TYP CD D HZ  01/17 01/18 01/19 01/20 01/21 01/22 01/23 01/24 01/25 01/26 01/27 01/28 01/29 01/30 Total
*****
B00594 [REDACTED]          7.00  7.00  7.00          8.00  8.00  8.00  8.00          53.00
L35672 [REDACTED]          1.00  1.00  1.00          3.00
LEAVE  [REDACTED]          8.00          8.00          16.00
LEAVE  [REDACTED]          8.00          8.00          16.00
*****
```

*The above hours were ELECTRONICALLY SIGNED ON: 01-FEB-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

```
*****
Employee Totals:          8.00  8.00  8.00  8.00  8.00          8.00  8.00  8.00  8.00  8.00          80.00
*****
```

REG= 56.00 HOL= OVT= ALV= OLV= NON= 24.00 SP-RATE-HRS=

FOR THESE WORK ITEMS:

[REDACTED]
002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 01/17/1999

LABOR-COST TO : 01/30/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
GOUGER T								80.00	Y

 *** END OF REPORT - 27-DEC-2000 - 10:50 - SID G6CEFP1 ***

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: HAZARD, TOXIC & RADIO. WASTE BR

TIMEKEEPER: 17 SUPERVISOR: CT05

NAME: OVERGAARD P

FLSA: E CUTOFF DATE IS: 01/30/1999

PAY PERIOD ENDING: 01/30/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	01/17	01/18	01/19	01/20	01/21	01/22	01/23	01/24	01/25	01/26	01/27	01/28	01/29	01/30	Total
B03021														8.00	8.00	8.00	8.00	5.00		37.00
L35225									8.00											8.00
L35658																		3.00		3.00
LEAVE						8.00														8.00
LEAVE							8.00	8.00		8.00										24.00

*The above hours were ELECTRONICALLY SIGNED ON: 01-FEB-1999

BY: RICHARDSON, J R JOB TITLE: SUPV CONTRACT SPECIALIST

Employee Totals: 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 80.00

REG= 48.00 HOL= OVT= ALV= OLV= NON= 32.00 SP-RATE-HRS=

FOR THESE WORK ITEMS:

002ZN5 SITE 2, SAUGET CONSTR ORDERING NO.

LABOR COST REPORT WITH CERTIFICATION

Page: 2
Date: 27-DEC-2000
TIME: 10:49:50

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CT05
FOR TIMEKEEPER: 17

LABOR-COST FROM : 01/17/1999

LABOR-COST TO : 01/30/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
OVERGAARD P								80.00	Y

*** END OF REPORT - 27-DEC-2000 - 10:49 - SID G6CEPMP1 ***

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION
TIMEKEEPER: 59 SUPERVISOR: ED26
NAME:THOMASON P

FLSA: E CUTOFF DATE IS: 02/13/1999 PAY PERIOD ENDING: 02/13/1999

CHARGE	WORK	HRS	SH	N	EV															
CODE	ITEM	TYP	CD	D	HZ	01/31	02/01	02/02	02/03	02/04	02/05	02/06	02/07	02/08	02/09	02/10	02/11	02/12	02/13	Total

B02584								2.00												2.00
L21275										5.00										5.00
L27662							3.00	1.50												4.50
L28940									6.00											6.00
L30947									2.00											2.00
L32424											4.00									4.00
L32565										3.00										3.00
L34144							3.75				4.00									7.75
LEAVE							1.25	4.50												5.75

*The above hours were ELECTRONICALLY SIGNED ON: 08-FEB-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

B04485												3.50				2.00				5.50
L10653																4.00	1.00			5.00
L21275											3.00				2.00	2.00	1.00			8.00
L32424																1.50				1.50
L35733																	5.25			5.25
LEAVE																	0.75			0.75
LEAVE												5.00	4.50	4.50						14.00

*The above hours were ELECTRONICALLY SIGNED ON: 16-FEB-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

Employee Totals:						8.00	8.00	8.00	8.00	8.00				8.00	8.00	8.00	8.00	8.00		80.00
REG=	59.50	HOL=		OVT=				ALV=	6.50	OLV=				NON=	14.00	SP-RATE-HRS=				

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 10:50:51

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED26

FOR TIMEKEEPER: 59

LABOR-COST FROM : 01/31/1999

LABOR-COST TO : 02/13/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
THOMASON P								80.00	Y

*** END OF REPORT - 27-DEC-2000 - 10:50 - SID G6CEFMP1 ***

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER: 74 SUPERVISOR: ED25

NAME: BERAN E

FLSA: E CUTOFF DATE IS: 02/13/1999

PAY PERIOD ENDING: 02/13/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	01/31	02/01	02/02	02/03	02/04	02/05	02/06	02/07	02/08	02/09	02/10	02/11	02/12	02/13	Total
B01397							8.00													8.00
B02584											1.50									1.50
L10873									6.50	8.00										14.50
L21275							7.00													7.00
L23440											6.50									6.50
LEAVE							1.00		1.50											2.50

*The above hours were ELECTRONICALLY SIGNED ON: 08-FEB-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

B02584																	1.50			1.50
B04484																		7.00		7.00
L10873																	2.50			2.50
L21275												8.00	8.00							16.00
L23440																8.00				8.00
LEAVE																	4.00	1.00		5.00

*The above hours were ELECTRONICALLY SIGNED ON: 12-FEB-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:						8.00	8.00	8.00	8.00	8.00				8.00	8.00	8.00	8.00	8.00		80.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	--	------	------	------	------	------	--	-------

REG=	72.50	HOL=		OVT=		ALV=	7.50	OLV=		NON=		SP-RATE-HRS=	
------	-------	------	--	------	--	------	------	------	--	------	--	--------------	--

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL; AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 01/31/1999

LABOR-COST TO : 02/13/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
BERAN E								80.00	Y

*** END OF REPORT - 27-DEC-2000 - 10:51 - SID G6CEPMP1 ***

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED26

FOR TIMEKEEPER: 59

LABOR-COST FROM : 01/31/1999

LABOR-COST TO : 02/13/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
THOMASON P								80.00	Y

*** END OF REPORT - 27-DEC-2000 - 10:51 - SID G6CEPMP1 ***

EMPLOYEE ID: [REDACTED] GOUGER TIMOTHY P

PAY PERIOD END DATE: 24-OCT-1998 WORK DATE: 22-OCT-1998

INVALID CHARGE CODE: L28473 WORK ITEM: 002DCL APPROP: [REDACTED]

TYPE OF HOURS: RG SHIFT CODE: 0 NUMBER OF HOURS: 16.00

JUSTIFICATION:
DIFFERENT LABOR CHARGE CODE, SAME PROJECT

NEW CHARGE CODE: L35672 WORK ITEM: 002DCM APPROP: [REDACTED]

APPROVED BY: KIMBERLY A BURGE ON: 19-FEB-1999

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 10/24/1998

PAY PERIOD ENDING: 10/24/1998

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	10/11	10/12	10/13	10/14	10/15	10/16	10/17	10/18	10/19	10/20	10/21	10/22	10/23	10/24	Total
B00594								8.00	8.00	8.00	8.00				8.00	8.00		8.00		56.00
L28473														8.00			8.00			16.00
LEAVE							8.00													8.00

*The above hours were ELECTRONICALLY SIGNED ON: 26-OCT-1998

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:						8.00	8.00	8.00	8.00	8.00				8.00	8.00	8.00	8.00	8.00		80.00
REG=	72.00	HOL=		OVT=		ALV=		OLV=		NON=	8.00	SP-RATE-HRS=								

FOR THESE WORK ITEMS:

002DCL SAUGET AREA, IL (RAPID RESPONSE)

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 10/11/1998 LABOR-COST TO : 10/24/1998
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
GOUGER T								80.00	Y

*** END OF REPORT - 27-DEC-2000 - 10:52 - SID G6CEFMP1 ***

ADMINISTRATIVE, CRIMINAL OR OTHER ADVERSE ACTION. USE OF THIS SYSTEM

+--- v2.1.6 ----- LABOR COST TRANSFER VIEW SCREEN ----- 2.64 ---+

EMPLOYEE ID: [REDACTED] GOUGER TIMOTHY P

PAY PERIOD END DATE: 19-DEC-1998 WORK DATE: 08-DEC-1998

INVALID CHARGE CODE: L28473 WORK ITEM: 002DCL APPROP: [REDACTED]

TYPE OF HOURS: RG SHIFT CODE: 0 NUMBER OF HOURS: 10.00

JUSTIFICATION:

DIFFERENT LABOR CHARGE CODE, SAME PROJECT

NEW CHARGE CODE: L35672 WORK ITEM: 002DCM APPROP: [REDACTED]

APPROVED BY: KIMBERLY A BURGE

ON: 19-FEB-1999

+--- <F2> ENTER QUERY ----- <F3> EXECUTE QUERY ----- F10 EXIT -----+

Count: 2

^ v

<Replace>

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 19-DEC-2001
TIME: 16:13:43

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 12/19/1998

PAY PERIOD ENDING: 12/19/1998

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	12/06	12/07	12/08	12/09	12/10	12/11	12/12	12/13	12/14	12/15	12/16	12/17	12/18	12/19	Total
B00589															4.50					4.50
B00594						6.00		5.00	8.00	8.00			6.00			8.00	8.00	8.00		57.00
L28473						2.00	8.00													10.00
LEAVE															3.50					3.50
LEAVE								3.00					2.00							5.00

*The above hours were ELECTRONICALLY SIGNED ON: 21-DEC-1998

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals: 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 80.00

REG= 71.50 HOL= OVT= ALV= 3.50 OLV= NON= 5.00 SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCL SAUGET AREA, IL (RAPID RESPONSE)

LABOR COST REPORT WITH CERTIFICATION

Page: 2
Date: 19-DEC-2001
TIME: 16:13:43

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 12/06/1998

LABOR-COST TO : 12/19/1998

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
GOUGER T								80.00	Y

*** END OF REPORT - 19-DEC-2001 - 16:13 - SID G6CEFMP1 ***

ADMINISTRATIVE, CRIMINAL OR OTHER ADVERSE ACTION. USE OF THIS SYSTEM

+--- v2.1.6 ----- LABOR COST TRANSFER VIEW SCREEN ----- 2.64 ---+

EMPLOYEE ID: [REDACTED] GOUGER TIMOTHY P

PAY PERIOD END DATE: 16-JAN-1999 WORK DATE: 15-JAN-1999

INVALID CHARGE CODE: L28473 WORK ITEM: 002DCL APPROP: [REDACTED]

TYPE OF HOURS: RG SHIFT CODE: 0 NUMBER OF HOURS: 16.00

JUSTIFICATION:

DIFFERENT LABOR CHARGE CODE, SAME PROJECT

NEW CHARGE CODE: L35672 WORK ITEM: 002DCM APPROP: [REDACTED]

APPROVED BY: KIMBERLY A BURGE

ON: 19-FEB-1999

+--- <F2> ENTER QUERY ----- <F3> EXECUTE QUERY ----- F10 EXIT -----+

Count: 3

^ v

<Replace>

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 01/16/1999

PAY PERIOD ENDING: 01/16/1999

CHARGE	WORK	HRS	SH	N	EV															
CODE	ITEM	TYP	CD	D	HZ	01/03	01/04	01/05	01/06	01/07	01/08	01/09	01/10	01/11	01/12	01/13	01/14	01/15	01/16	Total
B00594								6.00	6.00	6.00	3.00			4.00		6.00	7.00	6.00		44.00
B00667															8.00					8.00
L28473								2.00	2.00	2.00	3.00			2.00		2.00	1.00	2.00		16.00
LEAVE										2.00				2.00						4.00
LEAVE							8.00													8.00

*The above hours were ELECTRONICALLY SIGNED ON: 19-JAN-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:						8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00			80.00
REG=	68.00	HOL=		OVT=				ALV=	4.00	OLV=			NON=	8.00	SP-RATE-HRS=					

FOR THESE WORK ITEMS:

002DCL SAUGET AREA, IL (RAPID RESPONSE)

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 01/03/1999

LABOR-COST TO : 01/16/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
GOUGER T								80.00	Y

*** END OF REPORT - 20-DEC-2001 - 08:13 - SID G6CEFMP1 ***

ADMINISTRATIVE, CRIMINAL OR OTHER ADVERSE ACTION. USE OF THIS SYSTEM

v2.1.6 ----- LABOR COST TRANSFER VIEW SCREEN ----- 2.64 --+

EMPLOYEE ID: [REDACTED] GOUGER TIMOTHY P

PAY PERIOD END DATE: 24-OCT-1998 WORK DATE: 22-OCT-1998

INVALID CHARGE CODE: L28473 WORK ITEM: 002DCL APPROP: [REDACTED]

TYPE OF HOURS: RG SHIFT CODE: 0 NUMBER OF HOURS: 16.00

JUSTIFICATION:

DIFFERENT LABOR CHARGE CODE, SAME PROJECT

NEW CHARGE CODE: L35672 WORK ITEM: 002DCM APPROP: [REDACTED]

APPROVED BY: KIMBERLY A BURGE

ON: 19-FEB-1999

+---- <F2> ENTER QUERY ----- <F3> EXECUTE QUERY ----- F10 EXIT -----+

Count: 2

v

<Replace>

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 10/24/1998

PAY PERIOD ENDING: 10/24/1998

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	10/11	10/12	10/13	10/14	10/15	10/16	10/17	10/18	10/19	10/20	10/21	10/22	10/23	10/24	Total
B00594							8.00	8.00	8.00	8.00				8.00	8.00		8.00			56.00
L28473													8.00				8.00			16.00
LEAVE						8.00														8.00

*The above hours were ELECTRONICALLY SIGNED ON: 26-OCT-1998

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:						8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00			80.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	------	------	------	------	------	--	--	-------

REG=	72.00	HOL=	OVT=	ALV=	OLV=	NON=	8.00	SP-RATE-HRS=
------	-------	------	------	------	------	------	------	--------------

FOR THESE WORK ITEMS:

002DCL SAUGET AREA, IL (RAPID RESPONSE)

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 10/11/1998

LABOR-COST TO : 10/24/1998

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
GOUGER T								80.00	Y

*** E N D O F R E P O R T - 20-DEC-2001 - 08:20 - SID G6CEFMPI ***

```

+--- v2.1.6 ----- LABOR COST TRANSFER VIEW SCREEN ----- 2.64 +-

```

TIMOTHY P

WORK DATE: 15-JAN-1999

APPROP:

NUMBER OF HOURS: 16.00

DIFFERENT LABOR CHARGE CODE, SAME PROJECT

APPROP:

ON: 19-FEB-1999

+----- <F2> ENTER QUERY ----- <F3> EXECUTE QUERY ----- F10 EXIT -----+

$$\wedge v$$

<Replace>

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 01/16/1999

PAY PERIOD ENDING: 01/16/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	01/03	01/04	01/05	01/06	01/07	01/08	01/09	01/10	01/11	01/12	01/13	01/14	01/15	01/16	Total
B00594								6.00	6.00	6.00	3.00			4.00		6.00	7.00	6.00		44.00
B00667															8.00					8.00
L28473								2.00	2.00	2.00	3.00			2.00		2.00	1.00	2.00		16.00
LEAVE											2.00			2.00						4.00
LEAVE							8.00													8.00

*The above hours were ELECTRONICALLY SIGNED ON: 19-JAN-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:						8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00			80.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	------	------	------	------	------	--	--	-------

REG=	68.00	HOL=		OVT=		ALV=	4.00	OLV=		NON=	8.00	SP-RATE-HRS=	
------	-------	------	--	------	--	------	------	------	--	------	------	--------------	--

FOR THESE WORK ITEMS:

002DCL SAUGET AREA, IL (RAPID RESPONSE)

LABOR COST REPORT WITH CERTIFICATION

Page: 2
Date: 27-DEC-2000
TIME: 10:51:58

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 01/03/1999

LABOR-COST TO : 01/16/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
GOUGER T								80.00	Y

*** END OF REPORT - 27-DEC-2000 - 10:51 - SID G6CEPMP1 ***

ADMINISTRATIVE, CRIMINAL OR OTHER ADVERSE ACTION. USE OF THIS SYSTEM

+--- v2.1.6 ----- LABOR COST TRANSFER VIEW SCREEN ----- 2.64 ---+

EMPLOYEE ID: [REDACTED] GOUGER TIMOTHY P

PAY PERIOD END DATE: 19-DEC-1998 WORK DATE: 08-DEC-1998

INVALID CHARGE CODE: L28473 WORK ITEM: 002DCL APPROP: [REDACTED]

TYPE OF HOURS: RG SHIFT CODE: 0 NUMBER OF HOURS: 10.00

JUSTIFICATION:

DIFFERENT LABOR CHARGE CODE, SAME PROJECT

NEW CHARGE CODE: L35672 WORK ITEM: 002DCM APPROP: [REDACTED]

APPROVED BY: KIMBERLY A BURGE

ON: 19-FEB-1999

+----- <F2> ENTER QUERY ----- <F3> EXECUTE QUERY ----- F10 EXIT -----+

Count: 2

^ v

<Replace>

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 20-DEC-2001

TIME: 08:26:18

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 12/19/1998

PAY PERIOD ENDING: 12/19/1998

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	12/06	12/07	12/08	12/09	12/10	12/11	12/12	12/13	12/14	12/15	12/16	12/17	12/18	12/19	Total
B00589															4.50					4.50
B00594						6.00		5.00	8.00	8.00			6.00			8.00	8.00	8.00		57.00
L28473						2.00	8.00													10.00
LEAVE															3.50					3.50
LEAVE								3.00					2.00							5.00

*The above hours were ELECTRONICALLY SIGNED ON: 21-DEC-1998

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:						8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00	8.00		80.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	------	------	------	------	------	------	--	-------

REG=	71.50	HOL=		OVT=		ALV=	3.50	OLV=		NON=	5.00	SP-RATE-HRS=	
------	-------	------	--	------	--	------	------	------	--	------	------	--------------	--

FOR THESE WORK ITEMS:

002DCL SAUGET AREA, IL (RAPID RESPONSE)

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 12/06/1998 LABOR-COST TO : 12/19/1998
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL	LV	OTHER	LV	NON-PD	L	SP-RATE	TOTAL	CERTIFIED
GOUGER T											80.00	Y

*** END OF REPORT - 20-DEC-2001 - 08:26 - SID G6CEFMP1 ***

Action Edit Block Field Record Query ESIG Help

Charge Code:	L21275	Dispute Charge:	NA
Transaction Date:	22-FEB-1999	Source of Dispute:	
Effective Date:	22-FEB-1999	For Pay:	11BB
Work Date:	19-FEB-1999	For Benefits:	12AB
Employee Id No:		Employee's Org Code:	G6LOFCO
Home Work Item:	RF6104	ENGINEERING	
Ordering Work Item:	002DCM		

No of Hours: 18 Spec Rate: 0.00 Type: RC Shift: 0 Labor: 699.90

Env Haz Oth:

Night Diff: N

Add on Factors:

General Overhead: 171.48

Indirect: 373.75

Total Labor Cost: 1245.13

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Record: 1/1

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 10:53:20

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER: 74 SUPERVISOR: ED25

NAME: BERAN E

FLSA: E CUTOFF DATE IS: 02/27/1999

PAY PERIOD ENDING: 02/27/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	02/14	02/15	02/16	02/17	02/18	02/19	02/20	02/21	02/22	02/23	02/24	02/25	02/26	02/27	Total
------	------	-----	----	---	----	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------

L10873								4.00			1.00									5.00
L21275								4.00	8.00	3.00	3.00									18.00
L23980											4.00									4.00
LEAVE										5.00										5.00
LEAVE							8.00													8.00

*The above hours were ELECTRONICALLY SIGNED ON: 22-FEB-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

B03822																	3.00			3.00
B04425																4.00	3.00			7.00
L10873															8.00		2.00			10.00
L11880																4.00				4.00
L27072											3.50	8.00								11.50
L29941											2.00									2.00
LEAVE											2.50									2.50

*The above hours were ELECTRONICALLY SIGNED ON: 26-FEB-1999

BY: PETERS, PAULA K JOB TITLE: CHEMIST

Employee Totals:						8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00	8.00			80.00
------------------	--	--	--	--	--	------	------	------	------	------	--	------	------	------	------	------	------	--	--	-------

REG=	64.50	HOL=		OVT=		ALV=	7.50	OLV=		NON=	8.00	SP-RATE-HRS=	
------	-------	------	--	------	--	------	------	------	--	------	------	--------------	--

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

Page: 2
Date: 27-DEC-2000
TIME: 10:53:20

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 02/14/1999

LABOR-COST TO : 02/27/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
BERAN E								80.00	Y

*** END OF REPORT - 27-DEC-2000 - 10:53 - SID G6CEPMP1 ***

CHARGE CODE: L35672		DISPUTE CHARGE: NA	
TRANSACTION DATE: 26-FEB-1999		SOURCE OF DISPUTE:	
EFFECTIVE DATE: 26-FEB-1999		EOR PAY: 11BB	
WORK DATE: 18-FEB-1999		EOR BENEFITS: 12AB	
EMPLOYEE ID NO: [REDACTED]		EMPLOYEE'S ORG CODE: G6M1JR0	
HOME WORK ITEM: RF6400 AREA OFFICE COSTS			
ORDERING WORK ITEM: 002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK S			
NO OF HOURS: 8		SPEC RATE: 0.00 TYPE:RG SHIFT:0 LABOR: 311.07	
ENV HAZ OTH:			
NIGHT DIFF :N		ADD ON FACTORS:	
		GENERAL OVERHEAD 76.21	
		INDIRECT 108.87	
		TOTAL LABOR COST 496.15	

----- F2 ENTER QUERY --- F3 EXECUTE QUERY --- <PgUp> PREV BLOCK --- F10 END -----

Count: *1

<Replace>

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 02/27/1999

PAY PERIOD ENDING: 02/27/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	02/14	02/15	02/16	02/17	02/18	02/19	02/20	02/21	02/22	02/23	02/24	02/25	02/26	02/27	Total
B00594								8.00	8.00		8.00			4.50	5.00	8.00	8.00	8.00		57.50
L35672										8.00										8.00
LEAVE							8.00													8.00
LEAVE													3.50	3.00						6.50

*The above hours were ELECTRONICALLY SIGNED ON: 26-FEB-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:						8.00	8.00	8.00	8.00	8.00				8.00	8.00	8.00	8.00	8.00		80.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	--	------	------	------	------	------	--	-------

REG=	65.50	HOL=	OVT=	ALV=	OLV=	NON=	14.50	SP-RATE-HRS=
------	-------	------	------	------	------	------	-------	--------------

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 02/14/1999

LABOR-COST TO : 02/27/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
GOUGER T								80.00	Y

*** END OF REPORT - 27-DEC-2000 - 10:53 - SID G6CEPMP1 ***

CIC #: 99EPA SUPERFUND
BILLED DATE 04-JAN-1999
CUSTOMER ORDER NUMBER DW96947840-0560
(DW96947840 - RAPID RESPONSE AT SAUGET AREA, IL IL980792006

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

PAGE NO. 001

* ACCOUNTS OF *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *

D.O.VOUCHER NO. BU VOUCHER NO. BILL NO. PAID BY CHECK NO. COLLECTION VOU. NO.

28009728 *
28009728
PARTIAL # 3 01-DEC-1998 THRU 04-JAN-1999

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAE OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER
MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

68 20 X 8145.0000

NA

\$8,002.38 96 NA X

96252

\$8,002.38

LINE ITEM

MOA

DESCRIPTION

000001 CONTRACT - OUTSIDE GOVERNMENT
000001 INHOUSE - LABOR
000001 INHOUSE - LABOR
000001 INHOUSE - LABOR
000001 INHOUSE - LABOR

SUBTOTAL

PARTIAL AMOUNT PAID

\$8,002.38

PAYMENT DUE DATE 03-FEB-1999

PAY THIS AMOUNT

\$.00

FUNDS AUTHORIZED: \$279,400.00
TOTAL BILLED AMOUNT: \$9,383.55
PREVIOUS BILLED AMOUNT: \$1,381.17
CURRENT BILLED AMOUNT: \$8,002.38
TOTAL FLUX BILLED: \$.00
PREVIOUS FLUX BILLED: \$.00
CURRENT FLUX BILLED: \$.00

CERTIFICATE OF OFFICE BILLED
I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS
STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE,
OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

DATE

AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

DA FORM 4445-R
APPROVED BY TREASURY -
FOR USE IN LIEU OF SF 1080

49.50 +
503.98 +
126.00 +
174.83 +
1,007.96 +
1,511.9A +
1,007.96 +
581.96 +
1,557.81 +
1,480.44 +
8,002.50G+

1/4/99

TRANSACTION LISTING
OMAHA DISTRICT

CUSTOMER ORDER: DW96947840-0560

ACCOUNTING PERIOD: 12-1998

CONTRACT - OUTSIDE GOVERNMENT

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
01-DEC-1998	W59XQG82894147	01/11-14-98C	NA		0001	TRANSPER		\$191.00
01-DEC-1998	W59XQG82894145	01/11-14-98C	NA		0003	TRANSPER		\$191.00
16-DEC-1998	W59XQG83419716	901322G6	NA		1	TRANSPER		\$49.50
SUBTOTAL COST:								\$431.50

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor \$	G&A \$	Indirect \$	Total
02-DEC-1998	L21275	25-NOV-1998							\$503.98
02-DEC-1998	L21275	25-NOV-1998							\$126.00
07-DEC-1998	L21275	03-DEC-1998							\$174.83
14-DEC-1998	L21275	08-DEC-1998							\$1,007.96
21-DEC-1998	L21275	16-DEC-1998							\$1,511.94
21-DEC-1998	L21275	18-DEC-1998							\$1,007.96
21-DEC-1998	L28473	08-DEC-1998							\$581.96
31-DEC-1998	L21275	31-DEC-1998							\$1,557.81
31-DEC-1998	L21275	29-DEC-1998							\$1,480.44
SUBTOTAL CO						\$4,508.13	\$1,104.52	\$2,340.23	\$7,952.88
TOTAL COST:								\$8,384.38	

 *** END OF REPORT - 19-DEC-2001 - 14:36 - SID.G6CEFMP1 ***

GL ACCT	DR/CR	ACCOUNT NAME	DEBIT AMT	CREDIT AMT
1311.25	D	[REDACTED]	49.50	
4252.00	D	[REDACTED]	49.50	
4821.00	D	[REDACTED]	49.50	
6500.32	D	[REDACTED]	49.50	
2113.00	C	[REDACTED]		49.50
4232.00	C	[REDACTED]		49.50

+ <F2> ENTER QUERY ----- <F3> EXECUTE QUERY ----- <F10> EXIT -+

<Replace>

TRAVEL VOUCHER OR SUBVOUCHER				TV NO: 1 AMEND NO: 0									
1. PAYMENT REQUIRED BY				2. TYPE OF PAYMENT				3. FOR DO USE ONLY					
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input checked="" type="checkbox"/> ELECTRONIC FUND TRANSFER				<input checked="" type="checkbox"/> TDY/TAD <input type="checkbox"/> PCS MEMBER / EMPLOYEE <input type="checkbox"/> OTHER <input type="checkbox"/> DEPENDENT(S) <input type="checkbox"/> DLA				a. DO VOUCHER NO. 0000123196					
4. NAME (Last, First, Middle Initial) GOUGER, TIMOTHY P				5. GRADE 12		6. SSN Privacy Act Data		b. SUBVOUCHER NO.					
7. ADDRESS a. NUMBER AND STREET Privacy Act Information.				b. CITY Privacy Act Information.		c. STATE		d. ZIP CODE		c. PAID BY 8736 17Dec1998 USACE FINANCE CENTER			
8. TELEPHONE NUMBER 402-293-2514		9. TRAVEL ORDER NUMBER 901322G6 07Dec1998		10. PREVIOUS PAYMENTS/ADVANCES \$.00									
11. ORGANIZATION AND STATION RAPID RESPONSE RESIDENT O													
12. DEPENDENT(S)				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS SEE ATTACHED (IF APPLICABLE)									
<input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED													
SEE ATTACHED (IF APPLICABLE)				14. HOUSEHOLD GOODS SHIPPED				d. COMPUTATIONS					
				<input type="checkbox"/> YES <input type="checkbox"/> NO									
15. ITINERARY													
DATE	LOCAL TIME	PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OF MEALS Gov't Ded						POC MILES	
1998													
12/08	DEP 0730	RESIDENCE NEBRASKA	PA										
12/08	ARR 0800	OMAHA / DOUGLAS NEBRASKA		AT									
12/08	DEP 0830	OMAHA / DOUGLAS NEBRASKA	TP										
12/08	ARR 0950	CHICAGO / DU PAGE, COOK & LAKE		TD									
12/08	DEP 1935	CHICAGO / DU PAGE, COOK & LAKE	CA										
12/08	ARR 2100	OMAHA / DOUGLAS NEBRASKA		AT									
12/08	DEP 2130	OMAHA / DOUGLAS NEBRASKA	TP										
12/08	ARR 2150	RESIDENCE NEBRASKA		MC									
	DEP												
	ARR												
	DEP												
	ARR												
16. REIMBURSABLE EXPENSES						17. LEAVE		e. SUMMARY OF PAYMENT (1) Per Diem \$31.50 (2) Actual Expense (3) Mileage (4) Dependent Travel (5) DLA (6) Reimbursable Expense \$18.00 (7) Total \$49.50 (8) Less Advance (9) Amount Owed (10) Amount Due \$49.50					
DATE	b. NATURE OF EXPENSE			c. AMOUNT	b. ALLOWED	a. DAYS	b. HOURS						
08Dec1998	MILEAGE TO/FROM AIRPORT			\$ 9.75		c. TAKEN BETWEEN							
08Dec1998	PARKING FEES - AIRPORT			\$ 5.25		d. AND							
08Dec1998	TRANSPORTATION - SUBWAY			\$ 3.00									
18. POC TRAVEL:				OWNER/OPERATOR		PASSENGER		19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)					
20. Long distance telephone calls are certified as necessary in the interest of the government. APPROVING OFFICER (31 USC 1348(b))								a. GTR/MTA NO.		b. FROM		c. TO	
								7604389840		OMAHA / DOUGLAS NEB		CHICAGO / DU PAGE,	
21.a. CLAIMANT SIGNATURE				b. DATE		22.a. APPROVING OFFICER SIGNATURE /ELECTRONICALLY SIGNED BY/ STEVEN R SCHMIDT				b. DATE 09Dec1998			
23. ACCOUNTING CLASS													
<div style="background-color: black; width: 300px; height: 15px; display: inline-block;"></div> 96252 G625294 002DCM 100 % FUNDED													
24. COLLECTION DATA													
25. COMPUTED BY SHELIA DACQUISTO		26. AUDITED BY JUDITH MORGAN		27. TRVL ORD POSTED BY		28. RECEIVED (Payee signature and date or check no.) 77393 17Dec1998		29. AMOUNT PAID \$49.50					

TRAVEL VOUCHER OR SUBVOUCHER

Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in Remarks.

1. PAYMENT REQUIRED BY (X one) CASH <input type="checkbox"/> CHECK <input checked="" type="checkbox"/> ELECTRONIC FUND TRANSFER		2. TYPE OF PAYMENT (X as applicable) TDT/TAD <input checked="" type="checkbox"/> PCS <input type="checkbox"/> OTHER <input type="checkbox"/> (Member/Employee) <input type="checkbox"/> (Dependent) <input type="checkbox"/> DLA		3. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER	
4. NAME (Last, First, Middle Initial (Print or type)) Gouger Timothy P		5. GRADE GS12		6. SSN [REDACTED]	
7. ADDRESS, a. NUMBER AND STREET [REDACTED]		b. CITY [REDACTED]		c. STATE [REDACTED]	
8. TELEPHONE NUMBER (Include Area Code) [REDACTED]		9. TRAVEL ORDER NUMBER 90132256		10. PREVIOUS PAYMENTS/ADVANCES [REDACTED]	
11. ORGANIZATION AND STATION CENWD-CID-EE		12. DEPENDENT(S) (X and complete as applicable) a. ACCOMPANIED <input checked="" type="checkbox"/> UNACCOMPANIED <input type="checkbox"/> b. NAME (Last, First, Middle Initial) c. RELATIONSHIP d. DATE OF BIRTH OR MARRIAGE		13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)	
				14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) YES <input checked="" type="checkbox"/> NO (Explain in Remarks)	
15. ITINERARY				16. COMPUTATIONS	
a. DATE 12/8	b. LOCAL TIME (24 hour) 0730	c. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.) Home	d. MEANS/ MODE OF TRAVEL PA	e. REASON FOR STOP AT	f. NUMBER OF MEALS (1) Gov't (B-L-D) (2) Dtd (B-L-D)
	ARR 0800				
	DEP 0830	Eggle	CP	TD	15
	ARR 0900				
	DEP 1935	Chicago IL	CP	AT	
	ARR 2100				
	DEP 2130	Eggle	PA	MX	15
	ARR 2450				
	DEP	Home			
	ARR				
	DEP				
	ARR				
	DEP				
	ARR				
	DEP				
	ARR				
18. REIMBURSABLE EXPENSES		17. LEAVE		19. SUMMARY OF PAYMENT	
a. DATE 12/8	b. NATURE OF EXPENSE PARKING	c. AMOUNT \$5.25	d. ALLOWED	(1) Per Diem	
	ATA	\$3.00		(2) Actual Expense Allowance	
	PAC-30X.325	9.75		(3) Mileage	
				(4) Dependent Travel	
				(5) DLA	
				(6) Reimbursable Expenses	
				(7) Total	
				(8) Less Advance	
				(9) Amount Owed	
				(10) Amount Due	
20. LONG DISTANCE TELEPHONE CALLS ARE CERTIFIED AS NECESSARY IN THE INTEREST OF THE GOVERNMENT. APPROVING OFFICER (31 USC 1348(b))		21. GOVERNMENT TRANSPORTATION REQUEST (GTR/MILITARY TRANSPORTATION AUTHORIZATION (MTA))			
		a. GTR/MTA NO.		b. FROM	
				c. TO	
21. a. CLAIMANT SIGNATURE Timothy P Gouger		b. DATE 12/8/98		22. a. APPROVING OFFICER SIGNATURE	
23. ACCOUNTING CLASSIFICATION 760 43898 40				b. DATE	
24. COLLECTION DATA					
25. COMPUTED BY		26. AUDITED BY		27. TRAVEL ORDER POSTED BY	
				28. RECEIVED (Payee Signature and Date or Check No.)	
				29. AMOUNT PAID	

SALES PERSON: 43
CUSTOMER NBR: 555101

ITINERARY/INVOICE NO. 0011923
TFHANL

DATE: 07 DEC 98 98
PAGE: 01

TO: PICKUP 07DEC

MAIL REFUNDS U/ORDERS TO-
CARLSON WAGONLIT TRAVEL
COE/OMAHA
215 N 17TH STREET
ROOM 106B
OMAHA NE 68102

FOR: GOUGER/TIM

REF: CTAORD,096252,COEOMA

08 DEC 98 - TUESDAY

AIR	UNITED AIRLINES	FLT:1614	COACH	
	LV OMAHA		825A	EQP: BOEING 757
	AR CHICAGO OHARE		946A	01HR 21MIN
	ARRIVE: TERMINAL 1			NON-STOP
	GOUGER/TIM	SEAT-23B		REF: WGPFD0

OTHER SEAT
MIDDLE SEAT BEST AVAILABLE AT TIME OF BOOKING, PLEASE RE-
CHECK AT GATE FOR BETTER SELECTION.

AIR	UNITED AIRLINES	FLT:775	COACH	
	LV CHICAGO OHARE		735P	EQP: BOEING 757
	DEPART: TERMINAL 1			01HR 26MIN
	AR OMAHA		901P	NON-STOP
	GOUGER/TIM	SEAT-30F		REF: WGPFD0

08 MAR 99 - MONDAY

OTHER INFORMATION
THANK YOU FOR CALLING CARLSON WAGONLIT TRAVEL

AIR TICKET	UA7604389840	GOUGER TIM	
ELEC TKT		BILLED TO	271.00*
		SUB TOTAL	271.00
		NET CC BILLING	271.00*
		TOTAL AMOUNT DUE	0.00

325

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as indicated in items 2 through 21						1. DATE OF REQUEST 04-MAR-1999	
REQUEST FOR OFFICIAL TRAVEL							
2. NAME (Last, First, Middle Initial) SSN GOUGER, TIMOTHY P				3. POSITION TITLE AND GRADE OR RATING ENVIRONMENTAL ENGINEER GS12			
4. OFFICIAL STATION RAPID RESPONSE RESIDENT OFFICE OFFUTT, AFB, NE				5. ORGANIZATIONAL ELEMENT CENWO-CD-FC-R		6. PHONE NO. 402-293-2514	
7. TYPE OF ORDERS TEMPORARY DUTY		8. SECURITY CLEARANCE		9. PURPOSE OF TDY TECH SUPPORT CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL			
10a. APPROX NO. DAYS OF TDY (Including travel time) 1		b. PROCEED O/A (DATE) 08-DEC-1998					
11. ITINERARY <input checked="" type="checkbox"/> VARIATION AUTHORIZED LEG: 1 OF 1 AMENDMENT NUMBER: 1 FROM: OMAHA / DOUGLAS NEBRASKA PROCEED ON 08-DEC-1998 AT 600 HRS TO : CHICAGO / DU PAGE, COOK & LAKE ILLINOIS DEPART ON 08-DEC-1998 AT 1900 HRS							
12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE							
COMMERCIAL				GOVERNMENT		PRIVATELY OWNED CONVEYANCE (Check one)	
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: 0.0000
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)						<input type="checkbox"/> More advantageous to government	
						<input type="checkbox"/> Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.	
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)							
14. ESTIMATED COST						15. ADVANCE AUTHORIZED \$.00	
PER DIEM \$162.00	TRAVEL \$318.43		OTHER \$50.00		TOTAL \$530.43		
16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) See Attached For Additional Remarks TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.							
17. REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ DARLENE E SKINNER TRANSPORTATION ASSISTANT 04-MAR-1999				18. APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ DARLENE E SKINNER TRANSPORTATION ASSISTANT 04-MAR-1999			
AUTHORIZATION							
19. ACCOUNTING CITATION <div style="background-color: black; height: 15px; width: 400px; margin-bottom: 5px;"></div> <div style="float: right;">100%</div>							
20. ORDER AUTHORIZING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ DARLENE E SKINNER LOGISTICS MANAGEMENT OFFICE 9501 JOHN J. PERSHING DR. OMAHA, NE 68112						21. DATE ISSUED 04-MAR-1999	
						22. TRAVEL ORDER NUMBER 901322G6	

U.S. ARMY CORPS OF ENGINEERS
REQUEST FOR OFFICIAL TRAVEL

DATE ISSUED
04-MAR-1999

NAME (Last, First)
GOUGER, TIMOTHY P

TRAVEL ORDER NUMBER
901322G6

16.REMARKS

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC
KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE
RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as indicated in items 2 through 21						1. DATE OF REQUEST 07-DEC-1998	
REQUEST FOR OFFICIAL TRAVEL							
2. NAME (Last, First, Middle Initial) SSN GOUGER, TIMOTHY P				3. POSITION TITLE AND GRADE OR RATING ENVIRONMENTAL ENGINEER GS12			
4. OFFICIAL STATION RAPID RESPONSE RESIDENT OFFICE OFFUTT, AFB, NE				5. ORGANIZATIONAL ELEMENT CENWO-CD-FC-R		6. PHONE NO. 293-2500	
7. TYPE OF ORDERS TEMPORARY DUTY			8. SECURITY CLEARANCE		9. PURPOSE OF TDY TECH SUPPORT CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL		
10a. APPROX NO. DAYS OF TDY (Including travel time) 1			b. PROCEED O/A (DATE) 08-DEC-1998				
11. ITINERARY <input checked="" type="checkbox"/> VARIATION AUTHORIZED LEG: 1 OF 1 AMENDMENT NUMBER: 0 FROM: OMAHA / DOUGLAS NEBRASKA PROCEED ON 08-DEC-1998 AT 600 HRS TO : CHICAGO / DU PAGE, COOK & LAKE ILLINOIS DEPART ON 08-DEC-1998 AT 1900 HRS							
12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE							
COMMERCIAL				GOVERNMENT		PRIVATELY OWNED CONVEYANCE (Check one)	
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE:
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)						<input type="checkbox"/> More advantageous to government	
						Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.	
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)							
14. ESTIMATED COST						15. ADVANCE AUTHORIZED	
PER DIEM \$162.00		TRAVEL \$321.00		OTHER \$50.00		TOTAL \$533.00	
16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED. IF TRIP IS CANCELLED OR CHANGED, TRAVELER IS LIABLE FOR ISSUED/UNUSED TICKETS UNTIL TURNED IN WITH TVL VOUCHER OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVERNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT. TRAVEL ADVANCE MUST BE SETTLED WITHIN 15 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.							
17. REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN SUPERVISORY CIVIL ENGINEER 07-DEC-1998				18. APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JEROME M WOODS SUPERVISORY CIVIL ENGINEER 07-DEC-1998			
AUTHORIZATION							
19. ACCOUNTING CITATION <div style="background-color: black; height: 15px; width: 400px; margin-bottom: 5px;"></div> <div style="float: right;">100%</div>							
20. ORDER AUTHORIZING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JANICE L WZOREK PORT CROOK AREA OFFICE USACE P.O. BOX 13287 OFFUTT, AFB, NE 68113						21. DATE ISSUED 07-DEC-1998	
						22. TRAVEL ORDER NUMBER 901322G6	

901322G6

OF THIS SYSTEM. THIS COMPUTER SYSTEM, INCLUDING ALL RELATED EQUIPMENT,
+- v2.1.12 ----- VIEW CHECK REGISTER SCREEN ----- 6.47 ---+

ASSIGNED CHECK NO: 77393 CHECK NO TRACE:1800032353
REPLACEMENT NO: PAYM METHOD: EFT DSSN:8736 EA?:
TYPE: TRV SETLMT FOA CODE:G6
CHECK DATE: 17-DEC-1998 REFERENCE NO:901322G6
AMOUNT: 49.50 CURRENCY:US
STATUS: PRINTED FOR CURR AMT:
PAYEE: TIMOTHY P GOUGER

CERTIFIED BY: AUTRY, SHIRLEY LE

DATE SIGNED: 17-DEC-1998

INITIAL SIGNATURE: D4022C1DC16F06A1

DISBURSING OFFICER'S SIGNATURE:

+- <F2> ENTER QUERY ----- <F3> EXECUTE QUERY ----- <F10> EXIT -----+

Press F2 to enter a query.

Count: *3

<Replace>

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 09:36:59

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER: 74 SUPERVISOR: ED25

NAME: BERAN E

FLSA: E CUTOFF DATE IS: 12/05/1998

PAY PERIOD ENDING: 12/05/1998

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	11/22	11/23	11/24	11/25	11/26	11/27	11/28	11/29	11/30	12/01	12/02	12/03	12/04	12/05	Total
L21275									8.00											8.00
L29941						8.00														8.00
L30110							8.00													8.00
LEAVE										8.00										8.00
LEAVE									8.00											8.00

*The above hours were ELECTRONICALLY SIGNED ON: 02-DEC-1998

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

B01397													7.00	8.00						15.00
L29729																8.00	8.00			16.00
L29941																8.00				8.00
LEAVE														1.00						1.00

*The above hours were ELECTRONICALLY SIGNED ON: 07-DEC-1998

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:						8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00			80.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	------	------	------	------	------	--	--	-------

REG=	63.00	HOL=	OVT=	ALV=	9.00	OLV=	NON=	8.00	SP-RATE-HRS=	
------	-------	------	------	------	------	------	------	------	--------------	--

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL; AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED25

FOR TIMEKEEPER: 74

LABOR-COST FROM : 11/22/1998

LABOR-COST TO : 12/05/1998

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
BERAN E								80.00	Y

 *** END OF REPORT - 27-DEC-2000 - 09:37 - SID G6CEPMP1 ***

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION

TIMEKEEPER: 59 SUPERVISOR: ED26

NAME: THOMASON P

FLSA: E CUTOFF DATE IS: 12/05/1998

PAY PERIOD ENDING: 12/05/1998

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	11/22	11/23	11/24	11/25	11/26	11/27	11/28	11/29	11/30	12/01	12/02	12/03	12/04	12/05	Total
L21275									2.00											2.00
L26609						8.00														8.00
L27079									2.00											2.00
L30110									3.00											3.00
LEAVE									1.00											1.00
LEAVE										8.00										8.00
LEAVE						8.00					8.00									16.00

*The above hours were ELECTRONICALLY SIGNED ON: 02-DEC-1998

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

B02584																	1.50			1.50
L13140																1.00				1.00
L21674																4.00				4.00
L23644													8.00	8.00						16.00
L25131																2.00				2.00
L28026																1.00	4.00			5.00
LEAVE																	2.50			2.50
LEAVE											8.00									8.00

*The above hours were ELECTRONICALLY SIGNED ON: 07-DEC-1998

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

Employee Totals:	8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	80.00
------------------	------	------	------	------	------	--	------	------	------	------	------	------	------	------	------	------	------	------	------	-------

REG=	44.50	HOL=		OVT=		ALV=	3.50	OLV=		NON=	32.00	SP-RATE-HRS=	
------	-------	------	--	------	--	------	------	------	--	------	-------	--------------	--

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED26

FOR TIMEKEEPER: 59

LABOR-COST FROM : 11/22/1998

LABOR-COST TO : 12/05/1998

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
THOMASON P								80.00	Y

 *** END OF REPORT - 27-DEC-2000 - 09:36 - SID G6CEPMP1 ***

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER: 74 SUPERVISOR: ED05

NAME: CONNEALY D

FLSA: E CUTOFF DATE IS: 12/05/1998

PAY PERIOD ENDING: 12/05/1998

CHARGE	WORK	HRS	SH	N	EV															
CODE	ITEM	TYP	CD	D	HZ	11/22	11/23	11/24	11/25	11/26	11/27	11/28	11/29	11/30	12/01	12/02	12/03	12/04	12/05	Total
B02584						4.00	2.00	4.00		4.00										14.00
L26606								4.00		4.00										8.00
L29453						4.00	4.00													8.00
LEAVE										8.00										8.00
LEAVE							2.00													2.00

*The above hours were ELECTRONICALLY SIGNED ON: 01-DEC-1998

BY: MONZINGO, JOHN W JOB TITLE: SUPERVISORY CIVIL ENGINEER

B02584													6.00	2.00	2.00	2.00	8.00			20.00
L21275																2.00				2.00
L28958															3.00					3.00
L28964													2.00							2.00
L28971													6.00							6.00
L29729																2.00				2.00
L30110																2.00				2.00
L31224															3.00					3.00

*The above hours were ELECTRONICALLY SIGNED ON: 07-DEC-1998

BY: MONZINGO, JOHN W JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:						8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00			80.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	------	------	------	------	------	--	--	-------

REG= 70.00 HOL= OVT= ALV= OLV= NON= 10.00 SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED05
FOR TIMEKEEPER: 74

LABOR-COST FROM : 11/22/1998

LABOR-COST TO : 12/05/1998

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
CONNEALY D								80.00	Y

*** END OF REPORT - 27-DEC-2000 - 09:37 - SID G6CEFMP1 ***

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 09:38:02

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER: 74 SUPERVISOR: ED25

NAME: BERAN E

FLSA: E CUTOFF DATE IS: 12/19/1998

PAY PERIOD ENDING: 12/19/1998

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	12/06	12/07	12/08	12/09	12/10	12/11	12/12	12/13	12/14	12/15	12/16	12/17	12/18	12/19	Total
------	------	-----	----	---	----	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------

B01397										8.00										8.00
L21275						8.00	8.00													16.00
L29941									7.00		8.00									15.00
LEAVE									1.00											1.00

*The above hours were ELECTRONICALLY SIGNED ON: 14-DEC-1998

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

L21275																8.00	8.00			16.00
L29941																8.00				8.00
LEAVE														8.00	8.00					16.00

*The above hours were ELECTRONICALLY SIGNED ON: 21-DEC-1998

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:						8.00	8.00	8.00	8.00	8.00				8.00	8.00	8.00	8.00	8.00		80.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	--	------	------	------	------	------	--	-------

REG=	63.00	HOL=	OVT=	ALV=	1.00	OLV=	NON=	16.00	SP-RATE-HRS=	
------	-------	------	------	------	------	------	------	-------	--------------	--

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 12/06/1998

LABOR-COST TO : 12/19/1998

EMPLOYEE COUNT = 1

EMPLOYEE REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL CERTIFIED
BERAN E [REDACTED] [REDACTED] [REDACTED] 80.00 Y

*** END OF REPORT - 27-DEC-2000 - 09:38 - SID G6CEFMP1 ***

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 09:39:08

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION

TIMEKEEPER: 59 SUPERVISOR: ED26

NAME: THOMASON P

FLSA: E CUTOFF DATE IS: 12/19/1998

PAY PERIOD ENDING: 12/19/1998

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	12/06	12/07	12/08	12/09	12/10	12/11	12/12	12/13	12/14	12/15	12/16	12/17	12/18	12/19	Total
B02584						1.00				2.00										3.00
L10653							4.00													4.00
L23644						1.75			3.00	5.50	7.50									17.75
L26383								4.00												4.00
L30126						2.00														2.00
L30460							2.00													2.00
L32446								1.00												1.00
LEAVE						3.25	2.00			0.50	0.50									6.25

*The above hours were ELECTRONICALLY SIGNED ON: 14-DEC-1998

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

B03822																4.00	4.00			8.00
L21275													8.00	8.00	8.00					24.00
LEAVE																	4.00			4.00
LEAVE																4.00				4.00

*The above hours were ELECTRONICALLY SIGNED ON: 21-DEC-1998

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

Employee Totals:						8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00			80.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	------	------	------	------	------	--	--	-------

REG=	65.75	HOL=	OVT=	ALV=	10.25	OLV=	NON=	4.00	SP-RATE-HRS=
------	-------	------	------	------	-------	------	------	------	--------------

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED26

FOR TIMEKEEPER: 59

LABOR-COST FROM : 12/06/1998

LABOR-COST TO : 12/19/1998

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
THOMASON P								80.00	Y

*** END OF REPORT - 27-DEC-2000 - 09:39 - SID G6CEFMP1 ***

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER: 74 SUPERVISOR: ED25

NAME: BERAN E

FLSA: E CUTOFF DATE IS: 12/19/1998

PAY PERIOD ENDING: 12/19/1998

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	12/06	12/07	12/08	12/09	12/10	12/11	12/12	12/13	12/14	12/15	12/16	12/17	12/18	12/19	Total
------	------	-----	----	---	----	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------

B01397										8.00										8.00
L21275						8.00	8.00													16.00
L29941								7.00		8.00										15.00
LEAVE								1.00												1.00

*The above hours were ELECTRONICALLY SIGNED ON: 14-DEC-1998

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

L21275																8.00	8.00			16.00
L29941																8.00				8.00
LEAVE													8.00	8.00						16.00

*The above hours were ELECTRONICALLY SIGNED ON: 21-DEC-1998

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:						8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00			80.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	------	------	------	------	------	--	--	-------

REG=	63.00	HOL=		OVT=		ALV=	1.00	OLV=		NON=	16.00	SP-RATE-HRS=	
------	-------	------	--	------	--	------	------	------	--	------	-------	--------------	--

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL; AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED25

FOR TIMEKEEPER: 74

LABOR-COST FROM : 12/06/1998

LABOR-COST TO : 12/19/1998

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
BERAN E								80.00	Y

 *** END OF REPORT - 27-DEC-2000 - 09:38 - SID G6CEPME1 ***

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 09:38:25

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 12/19/1998

PAY PERIOD ENDING: 12/19/1998

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	12/06	12/07	12/08	12/09	12/10	12/11	12/12	12/13	12/14	12/15	12/16	12/17	12/18	12/19	Total
B00589															4.50					4.50
B00594						6.00		5.00	8.00	8.00			6.00			8.00	8.00	8.00		57.00
L28473						2.00	8.00													10.00
LEAVE															3.50					3.50
LEAVE								3.00					2.00							5.00

*The above hours were ELECTRONICALLY SIGNED ON: 21-DEC-1998

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:						8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00			80.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	------	------	------	------	------	--	--	-------

REG=	71.50	HOL=	OVT=	ALV=	3.50	OLV=	NON=	5.00	SP-RATE-HRS=
------	-------	------	------	------	------	------	------	------	--------------

FOR THESE WORK ITEMS:

002DCL SAUGET AREA, IL (RAPID RESPONSE)

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 09:38:25

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 12/06/1998

LABOR-COST TO : 12/19/1998

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
GOUGER T								80.00	Y

*** END OF REPORT - 27-DEC-2000 - 09:38 - SID G6CEFPMP1 ***

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER: 74 SUPERVISOR: ED25

NAME: BERAN E

FLSA: E CUTOFF DATE IS: 01/02/1999

PAY PERIOD ENDING: 01/02/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	12/20	12/21	12/22	12/23	12/24	12/25	12/26	12/27	12/28	12/29	12/30	12/31	01/01	01/02	Total
L21275									8.00					8.00			8.00			24.00
L23440						4.00	8.00			4.00										16.00
L29941														8.00	7.00					15.00
LEAVE						4.00										1.00				5.00
LEAVE									4.00	8.00								8.00		20.00

*The above hours were ELECTRONICALLY SIGNED ON: 31-DEC-1998

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:						8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00	8.00			80.00
------------------	--	--	--	--	--	------	------	------	------	------	--	------	------	------	------	------	------	--	--	-------

REG=	55.00	HOL=	OVT=	ALV=	5.00	OLV=	NON=	20.00	SP-RATE-HRS=
------	-------	------	------	------	------	------	------	-------	--------------

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL; AKA DEAD CREEK SITE

certlabr.2.1.19 583
G6

LABOR COST REPORT WITH CERTIFICATION


Page: 2
Date: 27-DEC-2000
TIME: 09:39:30

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 12/20/1998

LABOR-COST TO : 01/02/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
BERAN E								80.00	Y

*** END OF REPORT - 27-DEC-2000 - 09:39 - SID G6CEFMP1 ***

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 27-DEC-2000
TIME: 09:39:52

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION

TIMEKEEPER: 59 SUPERVISOR: ED26

NAME: THOMASON P

FLSA: E CUTOFF DATE IS: 01/02/1999

PAY PERIOD ENDING: 01/02/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	12/20	12/21	12/22	12/23	12/24	12/25	12/26	12/27	12/28	12/29	12/30	12/31	01/01	01/02	Total
L21275							8.00							8.00	7.50					23.50
L23644								4.25									8.00			12.25
L32610								1.00												1.00
LEAVE							2.75	8.00	4.00					0.50	8.00					23.25
LEAVE									4.00	8.00								8.00		20.00

*The above hours were ELECTRONICALLY SIGNED ON: 31-DEC-1998

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

Employee Totals:						8.00	8.00	8.00	8.00	8.00				8.00	8.00	8.00	8.00	8.00		80.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	--	------	------	------	------	------	--	-------

REG=	36.75	HOL=	OVT=	ALV=	23.25	OLV=	NON=	20.00	SP-RATE-HRS=
------	-------	------	------	------	-------	------	------	-------	--------------

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

Page: 2
Date: 27-DEC-2000
TIME: 09:39:52

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED26
FOR TIMEKEEPER: 59

LABOR-COST FROM : 12/20/1998

LABOR-COST TO : 01/02/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
THOMASON P								80.00	Y

*** END OF REPORT - 27-DEC-2000 - 09:39 - SID G6CEFMP1 ***

CIC #: 99EPA SUPERFUND
BILLED DATE 01-DEC-1998
CUSTOMER ORDER NUMBER DW96947840-0560
(DW96947840 - RAPID RESPONSE AT SAUGET AREA, IL IL980792006)

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

PAGE NO. 001

* ACCOUNTS OF *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *
* *

D.O.VOUCHER NO. BU VOUCHER NO. BILL NO. PAID BY CHECK NO. COLLECTION VOU. NO.

28009136
PARTIAL # 2 02-NOV-1998 THRU 01-DEC-1998

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER
MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

BILLING ACCOUNTING CLASSIFICATION

68 20 X	8145.0000	NA	\$382.00	96252	\$382.00
LINE ITEM	MOA	DESCRIPTION			
000001	CONTRACT - OUTSIDE GOVERNMENT				

PARTIAL AMOUNT PAID \$382.00

PAYMENT DUE DATE 31-DEC-1998 PAY THIS AMOUNT \$.00

FUNDS AUTHORIZED: \$279,400.00
TOTAL BILLED AMOUNT: \$1,381.17
PREVIOUS BILLED AMOUNT: \$999.17
CURRENT BILLED AMOUNT: \$382.00
TOTAL FLUX BILLED: \$.00
PREVIOUS FLUX BILLED: \$.00
CURRENT FLUX BILLED: \$.00

CERTIFICATE OF OFFICE BILLED
I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS
STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE,
OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

DATE _____ AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER _____

191-00 +

191-00 +

582-000+

12/1/98

TRANSACTION LISTING
OMAHA DISTRICTPage: 1
Date: 19-DEC-2001

CUSTOMER ORDER: DW96947840-0560

ACCOUNTING PERIOD: 12-1998

CONTRACT - OUTSIDE GOVERNMENT

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
01-DEC-1998	W59XQG82894147	01/11-14-98C	NA		0001	TRANSPER		\$191.00
01-DEC-1998	W59XQG82894145	01/11-14-98C	NA		0003	TRANSPER		\$191.00
16-DEC-1998	W59XQG83419716	901322G6	NA		1	TRANSPER		\$49.50

SUBTOTAL COST:

\$431.50

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor \$	G&A \$	Indirect \$	Total
02-DEC-1998	L21275	25-NOV-1998							\$503.98
02-DEC-1998	L21275	25-NOV-1998							\$126.00
07-DEC-1998	L21275	03-DEC-1998							\$174.83
14-DEC-1998	L21275	08-DEC-1998							\$1,007.96
21-DEC-1998	L21275	16-DEC-1998							\$1,511.94
21-DEC-1998	L21275	18-DEC-1998							\$1,007.96
21-DEC-1998	L28473	08-DEC-1998							\$581.96
31-DEC-1998	L21275	31-DEC-1998							\$1,557.81
31-DEC-1998	L21275	29-DEC-1998							\$1,480.44

SUBTOTAL CO

\$4,508.13

\$1,104.52

\$2,340.23

\$7,952.88

TOTAL COST:

\$8,384.38

*** END OF REPORT - 19-DEC-2001 - 14:36 - SID G6CEFMP1 ***

+-- v2.1.9 ----- ACCOUNTS PAYABLE TRANSACTION VIEW SCREEN ----- 3.34 --+
OBLI NO: 01/11-14-98C FUND TYPE: F FAST PAY: REVERSAL:
DELIV. ORDER NO: NA APPROP STATUS: C RCVR:
LINE ITEM NO: 0001 APPROP TYPE: ? DEBTOR BILL NO:
RECEIVING RPT NO: EAID NO: MOA: C2 ACCT PHASE: E5A
INVOICE NO: ACCRUAL IND: EOR: 21T1 TRANS DATE: 01-DEC-1998
FAR ORDER NO: DW96947840-0560 COST TYPE: WIP EFFECT DATE: 01-DEC-1998
FUND WORK ITEM: 002DCL RESOURCE CODE: TRANSPER TBO DISB.:
RESOURCE PLAN: 1 WORK CATEGORY: 01A10 TRANS TYPE: APR
MGT STRUCTURE: 015558 WORK CAT ELEM: 99998 PAYEE CLASS:
APPROPRIATION: PERIOD: 199812
TRANSACTION ID: 1711783 GL CORR ID: AP910 GL NOT POSTED?:
PROP CAT CODE: ? SOURCE: GTRRECV TBO RPT NUMBER:

GL ACCT	DR/CR	ACCOUNT NAME	DEBIT AMT	CREDIT AMT
1311.25	D		191.00	
4252.00	D		191.00	
4821.00	D		191.00	
6500.32	D		191.00	
2113.00	C			191.00

+ <F2> ENTER QUERY ----- <F3> EXECUTE QUERY ----- <F10> EXIT --+

Action Edit Block Field Record Query ESG Help

Travel Order No: 900313G6

Employee: TIMOTHY P GOUGER

Travel Order Date: 15-OCT-1998

Type: TEMPORARY DUTY

Obligation Line Items

Obligation	Obl Li No	Description	VM Cd	EOR	Approved Amount	Disbursed Amount	Travel Order Balance
01/11-14-98C	0001	1194096181/31	002DCL	21T1	191.00	191.00	0.00
900313G6	1	NON-GTR TRAVE	002DCL	21T2	49.50	49.50	0.00

View Funding

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Press <F2> or <F3> to query travel orders, <PGDN> to view individual line items.

Record: 1/1

ORDER FOR SUPPLIES OR SERVICES						Form Approved OMB No. 0704-0187 Expires Aug 31, 1992		PAGE 1	
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, Va 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington DC 20503.									
1. CONTRACT/PURCH ORDER NO. 01/11-14-98C		2. DELIVERY ORDER NO. NA		3. DATE OF ORDER. 01-DEC-1998		4. REQUISITION/PURCH REQUEST NO. W59XQG82894147		5. CERTIFIED FOR NATIONAL DEFENSE UNDER DMS REG 1	
6. ISSUED BY		CODE		7. ADMINISTERED BY		CODE		8. DELIVERY FOB [] DEST [] OTHER (See Schedule)	
9. CONTRACTOR VENDOR ID: WP8098		CODE		FACILITY CODE		10. DELIVER TO FOB POINT BY		11. MARK IF BUS. IS [] SMALL [] SMALL DIS-ADVANTAGED [] WOMEN-OWNED	
AMERICAN EXPRESS #1001 378392384401001 TRAVEL RELATED SERVICES SUITE 0005 CHICAGO, IL 60679-0005						12. DISCOUNT TERMS			
						13. MAIL INVOICES TO		See Block 15	
14. SHIP TO		CODE		15. PAYMENT WILL BE MADE BY		CODE		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
16. DELIVERY		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of the above numbered contract.							
PURCHASE		Reference your _____ furnish the following on terms specified herein.							
ACCEPTANCE. THE CONTRACT HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.									
NAME OF CONTRACTOR		SIGNATURE		TYPED NAME AND TITLE		DATE SIGNED			
<input type="checkbox"/>		If this box is marked, supplier must sign Acceptance and return the following number of copies:							
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE									
18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE	23. AMOUNT	
0001	1194096181/313G6/GOUGER			.0000/		.0000	JB	\$.00	\$191.00
0003	1194096182/314G6/GOUGER			.0000/		.0000	JB	\$.00	\$191.00
*If quantity accepted by the Government is same as quantity ordered, indicate by x. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA			25. TOTAL		\$21,228.82
				BY:			29. DIFFERENCES		
				CONTRACTING/ORDERING OFFICER					
26. QUANTITY IN COLUMN 20 HAS BEEN				27. REC RPT NO 000001		28. D.O. VOUCHER NO. ** MULTIPLE **		30. INITIALS	
[] INSPECTED [X] RECEIVED [] ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED				[] PARTIAL [X] FINAL		32. PAID BY 8736		33. AMT VERIFIED CORRECT FOR \$790.12	
01-DEC-1998 /S/ DARLENE E SKINNER DATE SIGNATURE OF AUTHORIZED GOVERNMENT REP.				31. PAYMENT		10-DEC-98		34. CHECK NUMBER 0000277628	
36. I certify this amount is correct and proper for payment				[] COMPLETE [] PARTIAL [] FINAL				35. BILL OF LADING NO.	
DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER									
37. REC'D AT	38. RECEIVED BY DARLENE E SKINNER			39. DATE REC'D 01-DEC-1998		40. TOTAL CONT.		41. S/R ACCOUNT NUMBER	
									42. S/R VOUCHER NO.

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT	
0004	1196914285/664G6/GRABOWSKI	.0000/	.0000	JB	\$.00	\$549.00
0005	1194096169/237G6/GRADY	.0000/	.0000	JB	\$.00	\$734.92
0006	1194096185/86/318G6/GRAP	.0000/	.0000	JB	\$.00	\$564.20
0007	1199360314/660G6/GRAP	.0000/	.0000	JB	\$.00	\$329.00
0008	1194096147/171G6/GREGORY	.0000/	.0000	JB	\$.00	\$603.00
0009	1196914122/23/24/299G6/GREVATT	.0000/	.0000	JB	\$.00	\$544.00
0010	1199360312/850G6/GUNKELMAN	.0000/	.0000	JB	\$.00	\$377.00
0011	1191182106/225G6/GUNKELMAN	.0000/	.0000	JB	\$.00	\$469.00
0012	1194096125/4198G6/HARRIS, L	.0000/	.0000	JB	\$.00	\$219.00
0013	1199360262/866G6/HARRIS, L	.0000/	.0000	JB	\$.00	\$219.00
0014	1195923653/192G6/HARTLEY	.0000/	.0000	JB	\$.00	\$459.00
0015	1196914144/83G6/HASNER	.0000/	.0000	JB	\$.00	\$858.71
0016	1194096153/263G6/HAWKINS	.0000/	.0000	JB	\$.00	\$255.00
0017	1191182053/189G6/HEIDEN	.0000/	.0000	JB	\$.00	\$276.00
0018	1196914291/612G6/HENLEY	.0000/	.0000	JB	\$.00	\$729.59
0019	11993650259/857G6/HENLEY	.0000/	.0000	JB	\$.00	\$729.59
0020	1199360277/577G6/HENNINGSEN	.0000/	.0000	JB	\$.00	\$384.00
0021	1199360206/640G6/HERSE	.0000/	.0000	JB	\$.00	\$509.00
0022	1191182034/114G6/HINES	.0000/	.0000	JB	\$.00	\$185.00
0023	1194096218/113G6/HINES	.0000/	.0000	JB	\$.00	\$379.00
0024	1191182055/198G6/HOBZA	.0000/	.0000	JB	\$.00	\$459.00
0025	1194096257/411G6/HOBZA	.0000/	.0000	JB	\$.00	\$459.00
0026	1196914292/582G6/HOBZA	.0000/	.0000	JB	\$.00	\$459.00
0027	11993602183/802G6/HOBZA	.0000/	.0000	JB	\$.00	\$.00
0028	11993602183/802G6/HOBZA	.0000/	.0000	JB	\$.00	\$.00
0029	1199360245/833G6/HOLLAND	.0000/	.0000	JB	\$.00	\$473.00
0030	1199360244/836G6/HOLMES	.0000/	.0000	JB	\$.00	\$549.00
0031	1191182041/27G6/HOOVER	.0000/	.0000	JB	\$.00	\$135.00
0032	1197914346/668G6/HOOVER	.0000/	.0000	JB	\$.00	\$135.00
0033	1195923630/354G6/HOWARD	.0000/	.0000	JB	\$.00	\$377.00
0034	1199360336/883G6/HUGHES	.0000/	.0000	JB	\$.00	\$124.41
0035	1199360336/883G6/HUGHES	.0000/	.0000	JB	\$.00	\$124.41
0036	1199360336/883G6/HUGHES	.0000/	.0000	JB	\$.00	\$128.18
0037	1196914266/676G6/INGLIS	.0000/	.0000	JB	\$.00	\$483.00
0038	1194096146/286G6/ISKE	.0000/	.0000	JB	\$.00	\$391.50
0039	1196914344/730G6/JACKSON	.0000/	.0000	JB	\$.00	\$291.00
0040	1199360300/907G6/JOHANSEN	.0000/	.0000	JB	\$.00	\$398.00
0041	1194096306/401G6/JONES	.0000/	.0000	JB	\$.00	\$579.00
0042	1191182027/KAISER	.0000/	.0000	JB	\$.00	\$790.12
0043	1196914328/29/30/KANE	.0000/	.0000	JB	\$.00	\$996.60
0044	1199260249/795G6/KAY	.0000/	.0000	JB	\$.00	\$123.00
0045	1191182104/195G6/KELLER	.0000/	.0000	JB	\$.00	\$798.59
0046	1196914279/670G6/KEYS	.0000/	.0000	JB	\$.00	\$377.00
0047	1194096333/459G6/KIRSCHBAUM	.0000/	.0000	JB	\$.00	\$377.00
0048	1196914271/674G6/KIRSCHBAUM	.0000/	.0000	JB	\$.00	\$436.00
0049	1199360191/810G6/KIRSCHBAUM	.0000/	.0000	JB	\$.00	\$385.00
0050	1199360192/809G6/KIRSCHBAUM	.0000/	.0000	JB	\$.00	\$417.00
0051	1194096288/373G6/KIRWAN	.0000/	.0000	JB	\$.00	\$563.00
0052	1199360173/709G6/KNOFCZYNSKI	.0000/	.0000	JB	\$.00	\$377.00
0053	1194096201/306G6/KRAGT	.0000/	.0000	JB	\$.00	\$268.00

01/11-14-780

ACCOUNT NUMBER: 3783-923844-01001

GOVERNMENT TRAVEL ACCOUNT - GTA

CC-1588

STATEMENT INVOICE: 83923844039811

DARLENE SKINNER-GTA
ATTN:CEMRO-L-M
215 N 17TH ST
OMAHA, NE 68102

PAGE 20

AIR/RAIL TRANSACTIONS

TICKET CHARGES AND TICKET REFUNDS

ACCOUNT NUMBER ACCOUNT NAME PASSENGER NAME	SOC.SEC. NO./ COST CTR.	AIR CLASS/ FARE	ROUTING FROM:	INFORMATION TO:	TRANSACTION/ DEPARTURE DATE	TICKET NUMBER REF. NUMBER	AMOUNT	NOTES TO AMEX
3783-923844-01001 DARLENE SKINNER-GTA								
DOUGER/T ✓ 31366 ✓ 31406		WN	OMAHA NB CHICAGO-MIDWAY	-CHICAGO-MIDWAY -OMAHA NB	10/16/98 10/19	5261194096181	191.00	
		WN	OMAHA NB CHICAGO-MIDWAY	-CHICAGO-MIDWAY -OMAHA NB	10/16/98 10/22	5261194096182	191.00	
		DOUGER/T TOTAL:					\$1,043.00	
GRABOWSKI/R 66406		TW YCA	OMAHA NB ST LOUIS INT'L MO SOUTH BEND IN ST LOUIS INT'L MO	-ST LOUIS INT'L MO -SOUTH BEND IN -ST LOUIS INT'L MO -OMAHA NB	10/30/98 11/05	0151196914285	549.00	
		GRABOWSKI/R TOTAL:					\$549.00	
GRADY/C 23706		UA	OMAHA NB DENVER CO SHERIDAN WY DENVER CO	-DENVER CO -SHERIDAN WY -DENVER CO -OMAHA NB	10/16/98 10/18	0161194096169	✓ 765.33	30.41
		GRADY/C TOTAL:					\$765.33	
GRAF/S 31866 66006		NW	OMAHA NB MINNEAPOLIS MN GRAND FORKS ND MINOT ND	-MINNEAPOLIS MN -GRAND FORKS ND -MINOT ND -MINNEAPOLIS MN	10/16/98 10/21	0121194096185	564.20	
		YX YCA	OMAHA NB MILWAUKEE WI	-MILWAUKEE WI -OMAHA NB	11/12/98 11/17	4531199360314	329.00	
		GRAF/S TOTAL:					\$892.21	
								191.00 + 191.00 + 549.00 + 765.33 + 564.20 + 329.00 + 30.41 - 2,559.12 *



Government
Services

FOR ASSISTANCE CONTACT:

TOLL FREE:

FAX:

MAIL:

GOVERNMENT CUSTOMER
SERVICE UNIT

1-800-462-4800

1-800-462-1200

AMERICAN EXPRESS
TRAVEL MANAGEMENT SERVICES
P.O. BOX 53780
PHOENIX, AZ 85072-3609

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as indicated in items 2 through 21						1. DATE OF REQUEST 15-OCT-1998	
REQUEST FOR OFFICIAL TRAVEL							
2. NAME (Last, First, Middle Initial) SSN GOUGER, TIMOTHY P				3. POSITION TITLE AND GRADE OR RATING ENVIRONMENTAL ENGINEER GS12			
4. OFFICIAL STATION RAPID RESPONSE RESIDENT OFFICE OFFUTT, AFB, NE				5. ORGANIZATIONAL ELEMENT CENWO-CD-FC-R		6. PHONE NO. 402-293-2514	
7. TYPE OF ORDERS TEMPORARY DUTY		8. SECURITY CLEARANCE		9. PURPOSE OF TDY TECH SUPPORT CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL			
10a. APPROX NO. DAYS OF TDY (Including travel time) 1		b. PROCEED O/A (DATE) 19-OCT-1998					
11. ITINERARY <div style="float: right; border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> VARIATION AUTHORIZED </div>							
LEG: 1 OF 1 AMENDMENT NUMBER: 0 FROM: OMAHA / DOUGLAS NEBRASKA PROCEED ON 19-OCT-1998 AT 600 HRS TO : CHICAGO / DU PAGE, COOK & LAKE ILLINOIS DEPART ON 19-OCT-1998 AT 1900 HRS							
12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE							
COMMERCIAL				GOVERNMENT		PRIVATELY OWNED CONVEYANCE (Check one)	
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: 0.0000
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)						<input type="checkbox"/> More advantageous to government	
						<input type="checkbox"/> Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.	
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)							
14. ESTIMATED COST						15. ADVANCE AUTHORIZED	
PER DIEM \$42.00		TRAVEL \$216.00		OTHER \$75.00		TOTAL \$333.00	
15. ADVANCE AUTHORIZED \$.00							
16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) See Attached For Additional Remarks							
TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.							
17. REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN SUPERVISORY CIVIL ENGINEER 15-OCT-1998				18. APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JEROME M WOODS SUPERVISORY CIVIL ENGINEER 15-OCT-1998			
AUTHORIZATION							
19. ACCOUNTING CITATION <div style="background-color: black; height: 20px; width: 100%;"></div> <div style="float: right;">100%</div>							
20. ORDER AUTHORIZING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JANICE L WZOREK PORT CROOK AREA OFFICE USACE P.O. BOX 13287 OFFUTT, AFB, NE 68113						21. DATE ISSUED 16-OCT-1998	
						22. TRAVEL ORDER NUMBER 900313G6	

U.S. ARMY CORPS OF ENGINEERS REQUEST FOR OFFICIAL TRAVEL		DATE ISSUED 15-OCT-1998
NAME (Last, First) GOUGER, TIMOTHY P		TRAVEL ORDER NUMBER 900313G6
16. REMARKS RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED. IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT' OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.		

```

ADMINISTRATIVE, CRIMINAL OR OTHER ADVERSE ACTION.  USE OF THIS SYSTEM
+-- v2.1.43 ----- OBLIGATION LINE ITEM STATUS ----- STAT.2 --+
| OBLIGATION NO: 01/11-14-98C      DELIVERY ORDER: NA      OBLIGATION LI: 0001 |
| AMENDMENT NO: 01                AMEND DATE: 01-DEC-1998  FREIGHT:    FAST PAY: |
| WORK ITEM: 002DCL              FUND ACCOUNT: G625294      PROGRESS PAY: |
| FUND CITATION: 96NAX3122        AMSCO: 015558            RESOURCE: TRANSPER |
| DESCRIPTION: COMMERCIAL TRANSPORTATION                    ALLOT: 2417 EOR: 21T1 |
+----- <PGDN> EXECUTE QUERY -----+
| RV NO  CUSTOMER INV NO  SCHD DATE  DISB AMOUNT  DOV NO CHECK NO  PAYM |
| 13     AMEX-01001      10-DEC-1998    191.00  122452  277628    TCHEC |
|                                     |
|                                     |
|                                     |
|                                     |
|                                     |
+-----+
| <Ctrl F1> RECEIVING RPT  <Ctrl F2> INVOICE  <Ctrl F3> PROGRESS PAYMENTS |
| <Ctrl F4> RECEIPT VOUCHER <Ctrl F5> AP TRANSACTION <Ctrl F6> CHECK REGISTER |
+-----+
|                                     F10 EXIT -----+

```

[Action](#) [Edit](#) [Block](#) [Field](#) [Record](#) [Query](#) [ESIG](#) [Help](#)

Assigned Check No: 177626

Check No Trace: 1800031829

Replacement No:

Pmt Method: TCHEC **DSSN:** 8736

En?: ☐

Type: CONTRACT

FDA Code: G6

Check Date: 10-DEC-1998

Reference No: 01/11-14-98A

Amount:	126875.21
----------------	------------------

Currency: US

Status: PRINTED

FC Amount:	. 000000
-------------------	----------

Payee: AMERICAN EXPRESS #1001

TRAVEL RELATED SERVICES

SUITE 0005

CHICAGO, IL 60679-0005

Certified By: MORGAN, JAMES R SR

Date Signed: 10-DEC-1998

Initial Signature: FE0X9D2F28B081EE36E

Disbursing Officer's Signature: 42CE5X95E85D0FE7

[Prev Page](#)**Prev**

Next

Query

List

Save

Exit

Next Page

Press F2 to enter a query.

Record: 3/3

GL ACCT	DR/CR	ACCOUNT NAME	DEBIT AMT	CREDIT AMT
1311.25	D	[REDACTED]	191.00	
4252.00	D	[REDACTED]	191.00	
4821.00	D	[REDACTED]	191.00	
6500.32	D	[REDACTED]	191.00	
2113.00	C	[REDACTED]		191.00

+ <F2> ENTER QUERY ----- <F3> EXECUTE QUERY ----- <F10> EXIT --+

Count: 2 ^ v <Replace>

Action Edit Block Field Record Query ESIG Help

Travel Order No: 900314C6

Employee: TIMOTHY P GOUGER

Travel Order Date: 15-OCT-1998

Type: TEMPORARY DUTY

Obligation Line Items

Obligation	Obli LI No	Description	WA Cd	EOR	Approved Amount	Disbursed Amount	Travel Order Balance
01/11-14-98C	0002	1194096182/31	002DCL	21T1	0.00		0.00
01/11-14-98C	0003	1194096182/31	002DCL	21T1	191.00	191.00	0.00
900314C6	1	NON-GTR TRAVE	002DCL	21T2	0.00		0.00
900314C6	3	NON-GTR TRAVE	002DCL	21T2	18.55	18.55	0.00

☐ View Funding

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Press <F2> or <F3> to query travel orders, <PGDN> to view individual line items.

Record: 1/1

ORDER FOR SUPPLIES OR SERVICES						Form Approved OMB No. 0704-0187 Expires Aug 31, 1992		PAGE 1	
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, Va 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington DC 20503.									
1. CONTRACT/PURCH ORDER NO. 01/11-14-98C		2. DELIVERY ORDER NO. NA		3. DATE OF ORDER. 01-DEC-1998		4. REQUISITION/PURCH REQUEST NO. W59XQG82894147		5. CERTIFIED FOR NATIONAL DEFENSE UNDER DMS REG 1	
6. ISSUED BY		CODE		7. ADMINISTERED BY		CODE		8. DELIVERY FOB [] DEST [] OTHER (See Schedule)	
9. CONTRACTOR VENDOR ID: WP8098		CODE		FACILITY CODE		10. DELIVER TO FOB POINT BY		11. MARK IF BUS. IS [] SMALL [] SMALL DIS- ADVANTAGED [] WOMEN-OWNED	
AMERICAN EXPRESS #1001 378392384401001 TRAVEL RELATED SERVICES SUITE 0005 CHICAGO, IL 60679-0005						12. DISCOUNT TERMS			
						13. MAIL INVOICES TO		See Block 15	
14. SHIP TO		CODE		15. PAYMENT WILL BE MADE BY		CODE		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
16. DELIVERY		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of the above numbered contract.							
PURCHASE		Reference your _____ furnish the following on terms specified herein.							
ACCEPTANCE. THE CONTRACT HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.									
NAME OF CONTRACTOR		SIGNATURE		TYPED NAME AND TITLE				DATE SIGNED	
<input type="checkbox"/>		If this box is marked, supplier must sign Acceptance and return the following number of copies:							
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE									
18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE	23. AMOUNT	
0001	1194096181/313G6/GOUGER			.0000/		.0000	JB	\$.00	\$191.00
0003	1194096182/314G6/GOUGER			.0000/		.0000	JB	\$.00	\$191.00
*If quantity accepted by the Government is same as quantity ordered, indicate by x. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA			25. TOTAL		\$21,228.82
				BY:			29. DIFFERENCES		
				CONTRACTING/ORDERING OFFICER					
26. QUANTITY IN COLUMN 20 HAS BEEN [] INSPECTED [X] RECEIVED [] ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED 01-DEC-1998 /S/ DARLENE E SKINNER DATE SIGNATURE OF AUTHORIZED GOVERNMENT REP.				27. REC RPT NO 000001		28. D.O. VOUCHER NO. ** MULTIPLE **		30. INITIALS	
				[] PARTIAL [X] FINAL					
				31. PAYMENT		32. PAID BY 8736		33. AMT VERIFIED CORRECT FOR \$790.12	
				[] COMPLETE [] PARTIAL [] FINAL		10-DEC-98		34. CHECK NUMBER 0000277628	
36. I certify this amount is correct and proper for payment								35. BILL OF LADING NO.	
DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER									
37. REC'D AT		38. RECEIVED BY DARLENE E SKINNER		39. DATE REC'D 01-DEC-1998		40. TOTAL CONT.		41. S/R ACCOUNT NUMBER	
								42. S/R VOUCHER NO.	

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0004	1196914285/664G6/GRABOWSKI	.0000/	.0000	JB	\$549.00
0005	1194096169/237G6/GRADY	.0000/	.0000	JB	\$734.92
0006	1194096185/86/318G6/GRAF	.0000/	.0000	JB	\$564.20
0007	1199360314/660G6/GRAF	.0000/	.0000	JB	\$329.00
0008	1194096147/171G6/GREGORY	.0000/	.0000	JB	\$603.00
0009	1196914122/23/24/299G6/GREVATT	.0000/	.0000	JB	\$544.00
0010	1199360312/850G6/GUNKELMAN	.0000/	.0000	JB	\$377.00
0011	1191182106/225G6/GUNKELMAN	.0000/	.0000	JB	\$469.00
0012	1194096125/4198G6/HARRIS, L	.0000/	.0000	JB	\$219.00
0013	1199360262/866G6/HARRIS, L	.0000/	.0000	JB	\$219.00
0014	1195923653/192G6/HARTLEY	.0000/	.0000	JB	\$459.00
0015	1196914144/83G6/HASNER	.0000/	.0000	JB	\$858.71
0016	1194096153/263G6/HANKINS	.0000/	.0000	JB	\$255.00
0017	1191182053/189G6/HEIDEN	.0000/	.0000	JB	\$276.00
0018	1196914291/612G6/HENLEY	.0000/	.0000	JB	\$729.59
0019	11993650259/857G6/HENLEY	.0000/	.0000	JB	\$729.59
0020	1199360277/577G6/HENNINGSSEN	.0000/	.0000	JB	\$384.00
0021	1199360206/640G6/HERSE	.0000/	.0000	JB	\$509.00
0022	1191182034/114G6/HINES	.0000/	.0000	JB	\$185.00
0023	1194096218/113G6/HINES	.0000/	.0000	JB	\$379.00
0024	1191182055/198G6/HOBZA	.0000/	.0000	JB	\$459.00
0025	1194096257/411G6/HOBZA	.0000/	.0000	JB	\$459.00
0026	1196914292/582G6/HOBZA	.0000/	.0000	JB	\$459.00
0027	11993602183/802G6/HOBZA	.0000/	.0000	JB	\$.00
0028	11993602183/802G6/HOBZA	.0000/	.0000	JB	\$.00
0029	1199360245/833G6/HOLLAND	.0000/	.0000	JB	\$473.00
0030	1199360244/836G6/HOLMES	.0000/	.0000	JB	\$549.00
0031	1191182041/27G6/HOOVER	.0000/	.0000	JB	\$135.00
0032	1197914346/668G6/HOOVER	.0000/	.0000	JB	\$135.00
0033	1195923630/354G6/HOWARD	.0000/	.0000	JB	\$377.00
0034	1199360336/883G6/HUGHES	.0000/	.0000	JB	\$124.41
0035	1199360336/883G6/HUGHES	.0000/	.0000	JB	\$124.41
0036	1199360336/883G6/HUGHES	.0000/	.0000	JB	\$128.18
0037	1196914266/676G6/INGLIS	.0000/	.0000	JB	\$483.00
0038	1194096146/286G6/ISKE	.0000/	.0000	JB	\$391.50
0039	1196914344/730G6/JACKSON	.0000/	.0000	JB	\$291.00
0040	1199360300/907G6/JOHANSEN	.0000/	.0000	JB	\$.00
0040	1199360300/907G6/JOHANSEN	.0000/	.0000	JB	\$398.00
0041	1194096306/401G6/JONES	.0000/	.0000	JB	\$579.00
0042	1191182027/KAISER	.0000/	.0000	JB	\$790.12
0043	1196914328/29/30/KANE	.0000/	.0000	JB	\$996.60
0044	1199260249/795G6/KAY	.0000/	.0000	JB	\$123.00
0045	1191182104/195G6/KELLER	.0000/	.0000	JB	\$798.59
0046	1196914279/670G6/KEYS	.0000/	.0000	JB	\$377.00
0047	1194096333/459G6/KIRSCHBAUM	.0000/	.0000	JB	\$377.00
0048	1196914271/674G6/KIRSCHBAUM	.0000/	.0000	JB	\$436.00
0049	1199360191/810G6/KIRSCHBAUM	.0000/	.0000	JB	\$385.00
0050	1199360192/809G6/KIRSCHBAUM	.0000/	.0000	JB	\$417.00
0051	1194096288/373G6/KIRWAN	.0000/	.0000	JB	\$563.00
0052	1199360173/709G6/KNOFCZYNSKI	.0000/	.0000	JB	\$377.00
0053	1194096201/306G6/KRAGT	.0000/	.0000	JB	\$268.00

01/11-14-98C

ACCOUNT NUMBER: 3783-923844-01001

GOVERNMENT TRAVEL ACCOUNT - GTA

CC-1588

STATEMENT INVOICE: 83923844039811

DARLENE SKINNER-GTA
ATTN:CEMRO-L-M
215 N 17TH ST
OMAHA, NE 68102

PAGE 20

AIR/RAIL TRANSACTIONS

TICKET CHARGES AND TICKET REFUNDS

ACCOUNT NUMBER ACCOUNT NAME PASSENGER NAME	SOC.SEC. NO./ COST CTR.	AIR CLASS/ FARE	ROUTING FROM:	INFORMATION TO:	TRANSACTION/ DEPARTURE DATE	TICKET NUMBER REF. NUMBER	AMOUNT	NOTES TO AMEX
3783-923844-01001 DARLENE SKINNER-GTA								
DOUGER/T ✓ 31366 ✓ 31406		WN	OMAHA NB CHICAGO-MIDWAY	-CHICAGO-MIDWAY -OMAHA NB	10/16/98 10/19	5261194096181	191.00	
		WN	OMAHA NB CHICAGO-MIDWAY	-CHICAGO-MIDWAY -OMAHA NB	10/16/98 10/22	5261194096182	191.00	
		DOUGER/T TOTAL:					\$1,043.00	
GRABOWSKI/R 66406		TW YCA	OMAHA NB ST LOUIS INT'L MO SOUTH BEND IN ST LOUIS INT'L MO	-ST LOUIS INT'L MO -SOUTH BEND IN -ST LOUIS INT'L MO -OMAHA NB	10/30/98 11/05	0151196914285	549.00	
		GRABOWSKI/R TOTAL:					\$849.00	
GRADY/C 23706		UA	OMAHA NB DENVER CO SHERIDAN WY DENVER CO	-DENVER CO -SHERIDAN WY -DENVER CO -OMAHA NB	10/16/98 10/18	0161194096169	✓ 765.33	30.41
		GRADY/C TOTAL:					\$765.33	
GRAF/S 81866 66006		NW	OMAHA NB MINNEAPOLIS MN GRAND FORKS ND MINOT ND	-MINNEAPOLIS MN -GRAND FORKS ND -MINOT ND -MINNEAPOLIS MN	10/16/98 10/21	0121194096185	564.20	
		YX YCA	OMAHA NB MILWAUKEE WI	-MILWAUKEE WI -OMAHA NB	11/12/98 11/17	4531199360314	329.00	
		GRAF/S TOTAL:					\$893.20	
								191.00 + 191.00 + 549.00 + 765.33 + 564.20 + 329.00 + 30.41 - 2,559.12 *



Government
Services

FOR ASSISTANCE CONTACT:

TOLL FREE

FAX

MAIL

GOVERNMENT CUSTOMER
SERVICE UNIT

1-800-492-4990

1-800-492-1298

AMERICAN EXPRESS
TRAVEL MANAGEMENT SERVICES
P.O. BOX 53760
PHOENIX, AZ 85072-0360

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as indicated in items 2 through 21						1. DATE OF REQUEST 20-OCT-1998	
REQUEST FOR OFFICIAL TRAVEL							
2.NAME (Last,First,Middle Initial) SSN GOUGER, TIMOTHY P				3.POSITION TITLE AND GRADE OR RATING ENVIRONMENTAL ENGINEER GS12			
4.OFFICIAL STATION RAPID RESPONSE RESIDENT OFFICE OFFUTT, AFB, NE				5.ORGANIZATIONAL ELEMENT CENWO-CD-PC-R		6.PHONE NO. 402-293-2514	
7.TYPE OF ORDERS TEMPORARY DUTY		8.SECURITY CLEARANCE		9.PURPOSE OF TDY TECH SUPPORT CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL			
10a.APPROX NO. DAYS OF TDY (Including travel time) 1		b.PROCEED O/A (DATE) 22-OCT-1998					
11.ITINERARY <input checked="" type="checkbox"/> VARIATION AUTHORIZED LEG: 1 OF 1 AMENDMENT NUMBER: 1 FROM: OMAHA / DOUGLAS NEBRASKA PROCEED ON 22-OCT-1998 AT 600 HRS TO : CHICAGO / DU PAGE, COOK & LAKE ILLINOIS DEPART ON 22-OCT-1998 AT 1900 HRS							
12.MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE							
COMMERCIAL				GOVERNMENT		PRIVATELY OWNED CONVEYANCE (Check one)	
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: 0.0000
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)						<input type="checkbox"/> More advantageous to government	
						Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.	
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM(Specify)							
14.ESTIMATED COST						15.ADVANCE AUTHORIZED	
PER DIEM \$42.00		TRAVEL \$216.00		OTHER \$75.00		TOTAL \$333.00	
16.REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) See Attached For Additional Remarks							
TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.							
17.REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN SUPERVISORY CIVIL ENGINEER 20-OCT-1998				18.APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JEROME M WOODS SUPERVISORY CIVIL ENGINEER 20-OCT-1998			
AUTHORIZATION							
19.ACCOUNTING CITATION <div style="background-color: black; height: 15px; width: 400px; margin-bottom: 5px;"></div> 100%							
20.ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION /ELECTRONICALLY SIGNED BY/ JANICE L WZOREK SUPPORT ASSISTANT (OA) FORT CROOK AREA OFFICE USACE P.O. BOX 13287 OFFUTT, AFB, NE68113						21.DATE ISSUED 21-OCT-1998	
						22.TRAVEL ORDER NUMBER 900314G6	

U.S. ARMY CORPS OF ENGINEERS
REQUEST FOR OFFICIAL TRAVEL

DATE ISSUED
20-OCT-1998

NAME (Last, First)
GOUGER, TIMOTHY P

TRAVEL ORDER NUMBER
90031406

16. REMARKS
RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC
KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE
RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as indicated in items 2 through 21						1. DATE OF REQUEST 15-OCT-1998	
REQUEST FOR OFFICIAL TRAVEL							
2. NAME (Last, First, Middle Initial) SSN GOUGER, TIMOTHY P				3. POSITION TITLE AND GRADE OR RATING ENVIRONMENTAL ENGINEER GS12			
4. OFFICIAL STATION RAPID RESPONSE RESIDENT OFFICE OFFUTT, AFB, NE				5. ORGANIZATIONAL ELEMENT CENWO-CD-FC-R		6. PHONE NO. 402-293-2514	
7. TYPE OF ORDERS TEMPORARY DUTY			8. SECURITY CLEARANCE 		9. PURPOSE OF TDY TECH SUPPORT CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL		
10a. APPROX NO. DAYS OF TDY (Including travel time) 1			b. PROCEED O/A (DATE) 22-OCT-1998				
11. ITINERARY <input checked="" type="checkbox"/> VARIATION AUTHORIZED LEG: 1 OF 1 AMENDMENT NUMBER: 0 FROM: OMAHA / DOUGLAS NEBRASKA PROCEED ON 22-OCT-1998 AT 600 HRS TO : CHICAGO / DU PAGE, COOK & LAKE ILLINOIS DEPART ON 22-OCT-1998 AT 1900 HRS							
12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE							
COMMERCIAL				GOVERNMENT		PRIVATELY OWNED CONVEYANCE (Check one)	
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: 0.0000
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)						<input type="checkbox"/> More advantageous to government	
						<input type="checkbox"/> Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.	
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)							
14. ESTIMATED COST						15. ADVANCE AUTHORIZED	
PER DIEM \$42.00		TRAVEL \$216.00		OTHER \$75.00		TOTAL \$333.00	
16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) See Attached For Additional Remarks TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.							
17. REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN SUPERVISORY CIVIL ENGINEER 15-OCT-1998				18. APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JEROME M WOODS SUPERVISORY CIVIL ENGINEER 15-OCT-1998			
AUTHORIZATION							
19. ACCOUNTING CITATION <div style="background-color: black; height: 15px; width: 100%;"></div> <div style="float: right;">1004</div>							
20. ORDER AUTHORIZING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JANICE L WZOREK FORT CROOK AREA OFFICE USACE P.O. BOX 13287 OFFUTT, AFB, NE 68113						21. DATE ISSUED 16-OCT-1998 22. TRAVEL ORDER NUMBER 900314G6	

U.S. ARMY CORPS OF ENGINEERS
REQUEST FOR OFFICIAL TRAVEL

DATE ISSUED
15-OCT-1998

NAME (Last, First)
GOUGER, TIMOTHY P

TRAVEL ORDER NUMBER
900314G6

16. REMARKS

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC
KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE
RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

```

ADMINISTRATIVE, CRIMINAL OR OTHER ADVERSE ACTION.  USE OF THIS SYSTEM
+-- v2.1.43 ----- OBLIGATION LINE ITEM STATUS ----- STAT.2 --+
| OBLIGATION NO: 01/11-14-98C      DELIVERY ORDER: NA      OBLIGATION LI: 0003 |
| AMENDMENT NO: 01                AMEND DATE: 01-DEC-1998  FREIGHT:    FAST PAY: |
| WORK ITEM: 002DCM              FUND ACCOUNT: G625294      PROGRESS PAY: |
| FUND CITATION: 96NAX3122        AMSCO: 015558            RESOURCE: TRANSPER |
| DESCRIPTION: COMMERCIAL TRANSPORTATION                    ALLOT: 2417 EOR: 21T1 |
+-----<PGDN> EXECUTE QUERY -----+
| RV NO  CUSTOMER INV NO  SCHD DATE  DISB AMOUNT  DOV NO CHECK NO  PAYM |
| 14      AMEX-01001      10-DEC-1998      191.00 122453 277628  TCHEC |
|                                     |
|                                     |
|                                     |
|                                     |
|                                     |
+-----+
| <Ctrl F1> RECEIVING RPT  <Ctrl F2> INVOICE    <Ctrl F3> PROGRESS PAYMENTS |
| <Ctrl F4> RECEIPT VOUCHER <Ctrl F5> AP TRANSACTION <Ctrl F6> CHECK REGISTER |
+-----F10 EXIT -----+

```

Action Edit Block Field Record Query ESIG Help

Assigned Check No:	1800031829	Check No Trace:	1800031829
Replacement No:		Pmt Method:	TCHEC
Type:	CONTRACT	DSSN:	8736
Check Date:	10-DEC-1998	FOA Code:	C6
Amount:	126875.21	Reference No:	01/11-14-98A
Status:	PRINTED	Currency:	US
Payee:	AMERICAN EXPRESS #1001	FC Amount:	.000000
	TRAVEL RELATED SERVICES		
	SUITE 0005		
	CHICAGO, IL 60679-0005		

Certified By: MORGAN, JAMES R SR

Date Signed: 10-DEC-1998

Initial Signature: FEOE9D2F28B081EE366

Disbursing Officer's Signature: 42CE5E95E85D0FE7

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Press F2 to enter a query.

Record: 3/3